

**Officeholder and Candidate
Campaign Statement –
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/06/2018</p>	<p><input checked="" type="checkbox"/> Amendment (Explain Below)</p> <p>Semi Annual filing</p>
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Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2021 AUG 12 AM 11:24 CAMPAIGN FINANCE	For Official Use Only

1. Statement Covers Calendar Year 20 2021 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Veronica Sifuentes

STREET ADDRESS

CITY

South El Monte

AREA CODE/DAYTIME PHONE NUMBER

626 715-1727

STATE

Ca

OPTIONAL: FAX / E-MAIL ADDRESS

V_sifuentes_mvsvb@outlook.com

ZIP CODE

91733

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mountain View School District Board of Education

JURISDICTION (LOCATION)

El Monte

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NA		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Calif

year and that I have used

Executed on August 2, 2021
DATE

By _____