

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
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Date Stamp RECEIVED BY LOS ANGELES COUNTY 08/06/2021 2021 AUG -9 PH 2:48 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 014568
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Quintanilla

STREET ADDRESS

CITY STATE ZIP CODE
Rosemead CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-614--6202 JQuintanilla@Rosemead.k12.c

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Rosemead School District Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Rosemead

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
N/A	N/A	N/A

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 will spend less than \$2,000 during the calendar year 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 California that the foregoing is true and correct.

Executed on August 5, 2021 DATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE