

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

5723

CALIFORNIA  
FORM **470**

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY 2023 AUG -2 AM 11:38 CAMPAIGN FINANCE DISCLOSURE SECTION	For Official Use Only
---	--	---	-----------------------

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Carlos G. Salcedo

STREET ADDRESS  
ET Monte

DATE CA ZIP CODE 91752

AREA CODE/DAYTIME PHONE NUMBER 626-232-4670 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
ET Monte Union HS Dist. Governing Board Member

JURISDICTION (LOCATION)

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
<u>None</u>	<u>None</u>	<u>None</u>

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 information provided is true and correct.

Executed on 7/27/2023 DATE

By \_\_\_\_\_ CANDIDATE