

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

④ NA

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 28 AM 11:44 CAMPAIGN FINANCE	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
John Contreras

STREET ADDRESS

Pico Rivera

STATE Ca ZIP CODE 90660

AREA CODE/DAYTIME PHONE NUMBER 562-656-7459

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
El Rancho Unified School Board

JURISDICTION (LOCATION)  
Pico Rivera

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

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 7/28/23  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE