

**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	CALIFORNIA FORM 470
2024 SEP 13 PM 4:24		For Official Use Only
CAMPAIGN FINANCE		

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gabriela Arellanes

STREET ADDRESS

CITY STATE ZIP CODE
CA 91702

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626 428-5961 garellanes@azusa.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member (Azusa Unified School District)

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Azusa

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 September 10, 2024
DATE