

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

(u) P<sub>3</sub>

Date of election if applicable:  
(Month, Day, Year)

**Amendment** (Explain Below)

Date Stamp  
RECEIVED  
LOS ANGELES  
2024 JUL 31 PM 5:05  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
Official Use Only

1. Statement Covers Calendar Year 20 24

020854

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Maria M. Caceres

CITY STATE ZIP CODE  
West Covina CA 91790

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Board Member

JURISDICTION (LOCATION)  
Covina-Valley Unified School District

DISTRICT NUMBER (IF APPLICABLE)  
5

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

Executed on 7/30/24 DATE