

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

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

Amendment (Explain Below)

Date Stamp: 8/1/24
RECEIVED
 LOS ANGELES COUNTY
 2024 AUG -5 PM 2:54
 CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Contreras

CITY: 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
ERUSD School Board Member

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
<u>John Contreras For ERUSD</u>	<u>9241 Cochinar Dr. Pico Rivera Ca 90660</u>	<u>Patricia Contreras</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 foregoing is true and correct.

Executed on 8/31/24
 DATE

By _____
 OFFICEHOLDER OR CANDIDATE