

RECEIVED BY  
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 2024 JUL 31 PM 2:51  
 CAMPAIGN FINANCE

7/29/24 (1)

Officeholder and Candidate  
 Campaign Statement -  
 Short Form

Date of election if applicable: (Month, Day, Year)  11/2024	Amendment (Explain Below)  _____ _____	Date Stamp	CALIFORNIA FORM 470
		For Official Use Only	

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Arlene Perez

STREET ADDRESS  
 \_\_\_\_\_

CITY  
Pico Rivera

STATE  
CA

ZIP CODE  
90660

AREA CODE/DAYTIME PHONE NUMBER  
(562) 322-1545

OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
El Rancho Unified School District Board Member

JURISDICTION (LOCATION)  
Pico Rivera, CA

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 7-24-24  
 DATE

By \_\_\_\_\_  
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE