

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p>N/A</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 SEP 19 PM 3: 15 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
MARITZA C. TRAVANTI		
STREET ADDRESS		
CITY	STATE	ZIP CODE
MONROVIA	CA	91016
AREA CODE/DAY TIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
626-824-0826	maritza.travanti67@gmail.c	

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
MONROVIA UNIFIED SCHOOL BOARD TRUSTEE	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
MONROVIA	

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
N/A		

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 9/9/2024
DATE