

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

7/31/24

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

N/A

Amendment (Explain Below)

Date Stamp

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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
Veronica Castillo

CITY
South El Monte

STATE CA ZIP CODE 91733

AREA CODE/DAYTIME PHONE NUMBER
(626) 806-2605

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee

JURISDICTION (LOCATION)
Los Angeles County,
South El Monte

DISTRICT NUMBER (IF APPLICABLE)
N/A

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>Friends To Elect Veronica Castillo For School Board Member # 64550</u>	<u>South El Monte, CA 91733</u>	<u>Veronica Castillo</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 July 30, 2024 DATE

OR CANDIDATE