

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

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 JUN 14 AM 11:30
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
018196

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
RUSSELL CASTAÑEDA CALLEROS
STREET ADDRESS
[REDACTED]
CITY WHITTIER STATE CA ZIP CODE 90601
AREA CODE/DAYTIME PHONE NUMBER (562) 305-0190 OPTIONAL: FAX / E-MAIL ADDRESS russellamadorcc@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER, WHITTIER UNION HIGH SCHOOL DISTRICT
JURISDICTION (LOCATION) WHITTIER, CALIFORNIA DISTRICT NUMBER (IF APPLICABLE) 1

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>N/A</u>	<u>N/A</u>	<u>N/A</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 June 14, 2024
DATE

By [REDACTED]