

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

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

Amendment (Explain Below)

N/A

Date Stamp
07/23/24
RECEIVED JUL 09 2024

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
William Rojas

STREET ADDRESS

CITY
626 420-1659

STATE
Cal

ZIP CODE
91744

AREA CODE/DAYTIME PHONE NUMBER
626 420-1659

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Director

JURISDICTION (LOCATION)
LA county, LA puente

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>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 7/8/2024
DATE