

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

(9)pc

<p style="text-align: center; font-size: small;">Date Stamp</p> <p style="text-align: center; font-size: x-large; font-weight: bold;">RECEIVED BY LOS ANGELES COUNTY</p> <p style="text-align: center; font-size: large;">2024 AUG -8 PM 12:42</p> <p style="text-align: center; font-size: small;">CAMPAIGN FINANCE</p>	<p style="font-weight: bold; font-size: large;">CALIFORNIA FORM 470</p> <p style="font-size: x-small;">For Official Use Only</p>
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<p style="font-size: small;">Date of election if applicable: (Month, Day, Year)</p> <hr style="border: 0; border-top: 1px solid black;"/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ELIAS J. TIRADO

STREET ADDRESS

CITY LA VERNE STATE CA ZIP CODE 91750

AREA CODE/DAYTIME PHONE NUMBER 909.392.3440 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BONITA USD Gov. Board member TRUSTEE 4

JURISDICTION (LOCATION) LOS ANGELES COUNTY DISTRICT NUMBER (IF APPLICABLE) 04

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	/	/
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 8/8/2024 DATE