Ca	ficeholder and Candidate Impaign Statement –	Date Stamp CALIFORNIA 470					
(Ooverninent oode occion of 200)		(Mor	ection if applicable: hth, Day, Year)	Amendment (Explain Below)	E-Filed 09/25/2024 09:54:59 Filing ID: 212155024	FORM FOR Only	
1.	Statement Covers Calendar Year	20 24 .					
2.	Officeholder or Candidate Information 3. Office Sought or Held						
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HE						
	Fernando Villegas			Community College Bo	ard		
	STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	CITY	STATE	ZIP CODE	Los Angeles County		District 5	
	Monrovia AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONA	91016 L: FAX/E-MAIL ADDRE	ESS			
	(213)379-6642 fer@frijol.net						
4.	Committee Information List all committees of which you have known	wledge that are	e primarily formed	I to receive contributions or to mak	e expenditures on behalf	of your candidacy.	
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS		NAME_	NAME OF TREASURER	
	Fernando Villegas for Citrus College Trustee 2024		Monrovia, CA 9	1016	Fernando Villegas		

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	09/25/2024	By Fernando Villegas
	DATE	SIGNATURE OF OFFICEHOLDER OR CANDIDATE