

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

NEW 61524

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LOS ANGELES COUNTY	Date Stamp 2024 AUG -7 PM 4:18	
CAMPAIGN FINANCE		For Official Use Only 021791

Date of election if applicable: (Month, Day, Year) NOVEMBER 5, 2024	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 CESAR PERALTA

STREET ADDRESS

CITY STATE ZIP CODE
 EL MONTE CA 91731

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 626-437-6647 votecperalta@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 GOVERNING BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 EL MONTE CITY SCHOOL DISTRICT

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	N/A
N/A	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 8/07/2024 DATE By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE