

Officeholder and Candidate
Campaign Statement –
Short Form

GE24-1

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Elaine Alaniz

STREET ADDRESS

CITY | STATE | ZIP CODE
Los Angeles, CA 90091

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS
323-301-3270

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Los Angeles Community College Dist.

JURISDICTION (LOCATION)
Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)
Seat 5

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

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 in contributions during the calendar year covered by this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on 7/24/2024 By _____