

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

7/24/24 (3) 5724

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

Amendment (Explain Below)

Date Stamp
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CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jacqueline Saldana

STREET ADDRESS

CITY El Monte STATE CA ZIP CODE 91732

AREA CODE/DAYTIME PHONE NUMBER (926) 290-0511 OPTIONAL: FAX/E-MAIL ADDRESS Saldana.musc@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

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

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

Executed on 07/23/24 DATE

By _____