

9/24/24
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CAMPAIGN FINANCE

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/05/2024	<input type="checkbox"/> Amendment (Explain Below) _____	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mayra Cuellar

STREET ADDRESS

CITY STATE ZIP CODE
Valencia CA 91355

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
(661) 388-0061

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Newhall School District Area 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
Cuellar for Newhall School District Board 2024 / ID# 1473544	Valencia, CA 91355	Elena Muradova

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ _____ 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 09/23/2024
DATE

By _____

Statement (Jan/2016)
gov (866/275-3772)
www.fppc.ca.gov