

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

Date Stamp 4

**RECEIVED BY
LOS ANGELES COUNTY**

2024 AUG -8 PM 12:00

CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

021798

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:
Alfredo Banuelos

STREET ADDRESS _____

CITY Paramount STATE CA ZIP CODE 90723

AREA CODE/DAYTIME PHONE NUMBER 213 321 1321 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Paramount Unified School District Board of Trustees

JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) 3

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 State of California that the information provided is true and correct.

Executed on 8/8/24 DATE

By _____ CANDIDATE