

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

GE 24-1

Date of election if applicable:  
(Month, Day, Year)  
11/5/24

**Amendment** (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**

For Official Use Only

021833

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Lisseth Flore-Franco

STREET ADDRESS

Bell Gardens CA 90201

STATE ZIP CODE

CITY

(714) 683-4495

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Central Basin Water Board

JURISDICTION (LOCATION)

L.A. county

DISTRICT NUMBER  
(IF APPLICABLE)

11

**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
<u>None</u>	<u>None</u>	<u>None</u>

**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 a 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

and year and that I have used

Executed on

10/10/24

DATE

By