

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

5724

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 MAR -7 PM 2:58 CAMPAIGN FINANCE 3/5/24(B)</p>	<p>CALIFORNIA FORM 470 For Official Use Only 02/556</p>
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christina Flores

STREET ADDRESS
El Monte

STATE ZIP CODE
CA 91731

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Monte City School District Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
El Monte

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
N/A	N/A	N/A
N/A	N/A	N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2 used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of _____ year and that I have

Executed on 3/4/2024 DATE By _____

Clear Form Print Form