

Officeholder and Candidate
Campaign Statement -
Short Form

8721
CALIFORNIA
FORM 470

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

Amendment (Explain Below)

Date Stamp

For Official Use Only
020755

1. Statement Covers Calendar Year 20²¹

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Melissa A. Espinoza
STREET ADDRESS
CITY STATE ZIP CODE
San Gabriel CA 91775
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
818-625-7379

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Education Trustee Temple City Unified School District
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA County

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 foregoing is true and correct.

Executed on 7/19/2021 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (Jan/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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