

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
11/3/20

Amendment (Explain Below)

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LOS ANGELES COUNTY  
2021 AUG 16 PM 2: 26  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Arlene Perez  
STREET ADDRESS  
CITY Pico Rivera STATE CA ZIP CODE 90660  
AREA CODE/DAYTIME PHONE NUMBER (562) 322-1545 OPTIONAL: FAX / E-MAIL ADDRESS arleneperez@crusd.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
School Board Member  
JURISDICTION (LOCATION) El Rancho Unified DISTRICT NUMBER (IF APPLICABLE)  
Pico Rivera, CA

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 8/11/21  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form