

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

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5143
LATE

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470
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020318

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Gabriela Asellanes

STI _____

CITY Arusa STATE CA ZIP CODE 91702

AREA CODE/DAYTIME PHONE NUMBER (020) 428-5961 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board member

JURISDICTION (LOCATION)
Arusa Unified School District

DISTRICT NUMBER (IF APPLICABLE) _____

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 S

Executed on 8/9/2023 By _____