

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

9/29/22 UPS

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>Nov 8, 2022</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2022 SEP 30 PM 4:00</p> <p>CAMPAIGN FINANCE</p>	<p><b>CALIFORNIA FORM 470</b></p> <p>For Official Use Only</p> <p>021544</p>
---	---	--	--

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
ANDREW RAMIREZ

STREET ADDRESS  
\_\_\_\_\_

CITY  
LA STATE CA ZIP CODE 93543

AREA CODE/DAYTIME PHONE NUMBER 661-383-8119 OPTIONAL: FAX / E-MAIL ADDRESS ASR101384@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Keppel Union School District Board seat

JURISDICTION (LOCATION)  
Los Angeles County

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
<u>none N/A</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 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 Sep 20, 2022  
DATE

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

9/28/22 PM

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

November 8, 2022

**Amendment** (Explain Below)

---



---

Date Stamp  
RECEIVED  
LOS ANGELES COUNTY  
2022 SEP 29 PM 3:04  
CAMPAIGN FINANCE

CALIFORNIA  
FORM 470  
For Official Use Only  
021544

Statement Covers Calendar Year 20 22 .

**Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Andrew Ramirez

STREET ADDRESS

---

CITY STATE ZIP CODE  
Littlerock CA 93543

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
661-383-8119

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Keppel Union School District Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County

**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		

**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 September 19, 2022  
DATE