

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

④ DC

Date Stamp

RECEIVED BY
LOS ANGELES COUNTY

2023 AUG -9 PM 3:25

CAMPAIGN FINANCE
DISCLOSURE SECTION

**CALIFORNIA
FORM 470**

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

John Quintanilla

STREET ADDRESS

Rosemead, CA 91770

CITY

STATE ZIP CODE

(626) 614-6202

AREA CODE/DAYTIME PHONE NUMBER

JQ@JOHNQUINTANILLA.COM

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Rosemead School District Governing Board member

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
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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided herein is true and correct as of the calendar year and that I have used

calendar year and that I have used

Executed on August 9, 2023
DATE

By _____