

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

0218 9/29/22 ①

Date of election if applicable:  
(Month, Day, Year)  
Nov 8, 2022

**Amendment** (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
John Mendoza

STREET ADDRESS

CITY STATE ZIP CODE  
Pomona CA 91768

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX/E-MAIL ADDRESS  
Mendoza John 2016@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Pomona Unified School District  
Government Board Member

JURISDICTION (LOCATION)  
Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)  
1

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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>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 information provided in this statement is true and correct.

Executed on Sept 28, 2022  
DATE

By \_\_\_\_\_  
DATE

Sept 29 2022