

Officeholder and Candidate
Campaign Statement –
Short Form

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

☐ Amendment (Explain Below)

Date Stamp

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CALIFORNIA FORM 470

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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jacqueline Rubio

STREET ADDRESS

CITY

So el Monte

STATE

CA

ZIP CODE

91733

AREA CODE/DAYTIME PHONE NUMBER

426. 848-2484

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Valle Lindo School Board

JURISDICTION (LOCATION)

Valle Lindo 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
Friends to Elect Jackie Rubio ID#1454291	1248 Esteban Torres Dr. S. El Monte CA 91733	Jacqueline Rubio

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

7/19/2023

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE