

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

7/26/21 (3)

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

N/A

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 JUL 29 PM 12:16  
CAMPAIGN FINANCE

CALIFORNIA  
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Larry Rodriguez

STREET ADDRESS

CITY

South El Monte

AREA CODE/DAYTIME PHONE NUMBER

(626) 255-9442

STATE

CA

ZIP CODE

91733

OPTIONAL: FAX / E-MAIL ADDRESS

lrodriguez@sd.vallelindo.k12-ca.us

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Board Trustee

JURISDICTION (LOCATION)

Valle Lindo School District (South El Monte)

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		

**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 07/26/2021  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE