

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

Qtr

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 31 PM 2:20 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only</p>
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Elizabeth Cabrera

STREET ADDRESS

CITY
Bell Gardens

STATE
CA

ZIP CODE
90201

AREA CODE/DAYTIME PHONE NUMBER
323-519-6467

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
MUSD Governing Board Member

JURISDICTION (LOCATION)
Montebello Unified 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

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 is true and correct.

Executed on 7/31/2023
DATE

By _____