

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

Amendment (Explain Below)

CONTRIBUTIONS OVER
\$2,000 ON 09-14-22

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CAMPAIGN FINANCE

CALIFORNIA
FORM 470
SUPPLEMENT

For Official Use Only

021491

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

RUDY MIRANDA

STREET ADDRESS

CITY

NORWALK

STATE

CA

ZIP CODE

90650

AREA CODE/DAYTIME PHONE NUMBER

(714) 724-3440

OPTIONAL: FAX / E-MAIL ADDRESS

RUDY.MIRANDA.562@GMAIL.COM

2. Office Sought

OFFICE SOUGHT

NORWALK LA MIRADA USD SCHOOL BOARD

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

11-08-22

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09-14-22

(MONTH, DAY, YEAR)