

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/18/23 ① JUL 20 PM 2:19 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>QUI DANG NGUYEN</u> STREET ADDRESS CITY STATE ZIP CODE <u>ROSEMEAD CA 91770</u> AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>626-826-7316 GoldFinancial1959@gmail.com</u>	3. Office Sought or Held OFFICE SOUGHT OR HELD <u>TRUSTEL</u> <u>EL MONTE UNION HIGH SCHOOL DISTRICT</u> JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
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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>None</u>	<u>None</u>	<u>None</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 foregoing is true and correct.

Executed on 07/18-2023 By _____
DATE