

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

2017

Date of election if applicable:  
(Month, Day, Year)  
11/8/2022

Amendment (Explain Below)

Date Stamp  
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2022 NOV -7 PM 2:46  
CAMPAIGN FINANCE

CALIFORNIA  
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ARNOLD HERNANDEZ  
STREET ADDRESS

CITY STATE ZIP CODE

EL MONTE CALIF. 91732  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

(626) 419-6979

3. Office Sought or Held

OFFICE SOUGHT OR HELD

GOVERNING BOARD MEMBER  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

MOUNTAIN VIEW SCHOOL DISTRICT

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>N/A</u>		
<u>N/A</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 th

Executed on 11/7/2022  
DATE

By \_\_\_\_\_  
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