

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

8/12/21

| | |
|--|---|
| Date of election if applicable: (Month, Day, Year) 2017-11-7 | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
|--|---|

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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Florencio Briones

STREET ADDRESS

CITY STATE ZIP CODE
 El Monte CA 91732

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 El Monte Union High School District Board of Trustees

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 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 |
|--------------------------------|-------------------|-------------------|
| N/A | N/A | N/A |
| N/A | N/A | 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 per 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

Executed on August 10, 2021
 DATE

By _____