

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

① 6/9/22

Date of election if applicable:  
(Month, Day, Year)

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Amendment (Explain Below)

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**CALIFORNIA FORM 470**  
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1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Larry Rodriguez

STREET ADDRESS

CITY

STATE

ZIP CODE

South El Monte

CA

91733

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(626) 255-9442

larryrodriguez@sd.vallelindo.k12.ca.us

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Board Member

JURISDICTION (LOCATION)

Valle Lindo 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
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 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 06/08/2022  
DATE

By \_\_\_\_\_