Officeholder and Candidate Campaign Statement –		,			Date Stamp CALIFORNIA 470
SII	Short Form		election if applicable; onth, Day, Year)	Amendment (Explain Below)	For Official Use Only
		<u> </u>		<u> </u>	CAMPAIGN FINANCE 0/8482
1.	Statement Covers Calendar Year 20 23				
2.	Officeholder or Candidate Information			3. Office Sought or	r Held
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD	राक्षे
	Cory Ellenson				Member - Trustee Area 2 - Glendora Unified School District
	STREET ADDRESS			JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
				Los Angeles Coun	ty
	CITY	STATE	ZIP CODE		
	Glendora	CA	91741		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL	L: FAX / E-MAIL ADDRESS		
_	626.905.0326				
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 (1.3)
	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 and that I will spend less than \$2,000 during the calendar year and that I have usuall 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.				
	12/12/2022				
	Executed onDATE			By.	· ·
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