

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY 2024 MAR -4 PM 4:10 CAMPAIGN FINANCE	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>JOHN QUINTANILLA</u> STREET ADDRESS CITY STATE ZIP CODE <u>ROSEMEAD CA 91770</u> AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/ E-MAIL ADDRESS <u>626-676-3333 IQ@JOHNQUINTANILLA</u>	3. Office Sought or Held OFFICE SOUGHT OR HELD <u>GOVERNING BOARD MEMBER</u> JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) <u>ROSEMEAD SCHOOL DISTRICT</u>
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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
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 \$10,000 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 information provided is true and correct.

Executed on 02/27/2024 DATE _____ OR CANDIDATE _____