Ca	ficeholder and Candidate Impaign Statement – Iort Form	Date of election if applicable: (Month, Day, Year) 4/9/2024	☐ Amer	ndment (Explain Below)	FEB 2.9 2024 Y CLERK DEPART	CALIFORNIA 470 FORM FOR Official Use Only
1.	Statement Covers Calendar Year 20 24			OH	T PLEATE DE CALL	*******
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE CRYSTAL LARIOS STREET ADDRESS CITY VERNON AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA 90058 OPTIONAL: FAX / E-MAIL ADDRESS	3.	Office Sought or Held OFFICE SOUGHT OR HELD CITY OF VERNON C JURISDICTION (LOCATION) CITY OF VERNON		DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER N/A	nat are primarily formed to rece		utions or to make expend		didacy. IAME OF TREASURER
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I c Executed on 2-29-24					ect.

Officeholder and Candidate Campaign Statement – Short Form						Date Str	CALIFORNIA
		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		JUN 2	JUN 2 4 2024 ERK DEPARTMENT
1.	Statement Covers Calendar Year 20	-•					
2.	Officeholder or Candidate Information			3.	Office Sought	or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HE	ELD	
	Leticia Loper				The second secon		
ı	STREET ADDRESS				JURISDICTION (LOCATIO	ON)	DISTRICT NUMBER (IF APPLICABLE)
	CITY	STATE	ZIP CODE		-		
	Vernon	CA	90058				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONA	L: FAX / E-MAIL ADDRESS				
4.	Committee Information List all committees of which you have knowledge	that are prin	narily formed to rece	eive contribut	ions or to make ex	xpenditures on behalf of y	your candidacy.
	COMMITTEE NAME AND I.D. NUMBER		1	COMMITTE	E ADDRESS	1	NAME OF TREASURER
						10	
	NIA						
							*
5.	Verification						
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement.	knowledge certify under	l anticipate that I will r penalty of perjury und	eceive less th ler the laws of	an \$2,000 and that I the State of Californ	I will spend less than \$2,000 nia that the foregoing is true	during the calendar year and that I have used and correct.
	Executed on DU 18 24			1	Ву		
	DATE				*	SIGNATURE OF OFFICEHO	OLDER OR CANDIDATE

Officeholder and Candidate Campaign Statement –				RECEIVED	CALIFORNIA 470			
Si	nort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUN 2 6 2024	For Official Use Only			
				CITY CLERK DEPARTMENT				
1.	Statement Covers Calendar Year 20 24							
2.	Officeholder or Candidate Information Isaurut. Lope Mecks NAME OF OFFICEHOLDER OR CANDIDATE 3. Office Sought or Held OFFICE SOUGHT OR HELD Concil Member							
	VORNO CITY	A 90058 STATE ZIP CODE	JURISDICTION (LOCATION)	ernon	DISTRICT NUMBER (IF APPLICABLE)			
4.	AREA CODE/DAYTIME PHONE NUMBER Committee Information	OPTIONAL; FAX / E-MAIL ADDRESS						
4.		ist all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidate.						
	COMMITTEE NAME AND I.D. NOMBER		COMMITTEE ADDRESS	NAME OF	TREASURER			
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 424 2024 DATE SIGNATURE OF DIFFICEHOLDER OF GANDIDATE							

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable:	Amendment (Explain Below)	HE Cook	CALIFORNIA FORM 8 2024 For Official Us	470
	9	(Month, Day, Year)	Pariette (Explain Selon)		DEPARTMENT	
1.	Statement Covers Calendar Year 20 24					
2.	Officeholder or Candidate Information		3. Office Sought of			
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HEL	.D \		
	Jesus Rivera		_ City La	ona man		
		Ca ·	JURISĎICTION (LOCATION	V)	DISTRICT NUMBÉR (IF APPLICABLE)	
	Vernon Ca 9:0058	STATE ZIP CODE				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	±			
4.	Committee Information List all committees of which you have knowledge the	net are primarily formed to rece	oive contributions or to make ex	roonditures on hobelf of a	your candidany	
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	periodicires on benait or y	NAME OF TREASURER	
	Na					
					9	
5.	Verification					
	I declare under penalty of perjury that to the best of my lall reasonable diligence in preparing this statement. I can	knowledge I anticipate that I will reartify under penalty of perjury und	receive less than \$2,000 and that I der the laws of the State of Californ	will spend less than \$2,000 ia that the foregoing is true) during the calendar year and that and correct.	I have used
	Executed on		Ву			
	DATE			SIGNATURE OF OFFICEHO	OLDER OR CANDIDATE	

Officeholder and Candidate Campaign Statement – Short Form				CALIFORNIA 470			
SII	lort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUNE 1 8 2024	For Official Use Only		
				CITY CLERK DEPAR	TMENT		
1.	Statement Covers Calendar Year 20 24				OD C		
2.	Officeholder or Candidate Information		3. Office Sought or Held	d			
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICEHOLDER			Member			
	STREET ANDRESS		JURISDICTION (LOCATION))	DISTRICT NUMBER (IF APPLICABLE)		
	AREA CODE/DAYTIME PHÔNE NUMBER	STATE ZIP CODE 5 8 OPTIONAL: FAX/E-MAIL ADDRESS					
4.	Committee Information List all committees of which you have knowledge th	at are primarily formed to rece	ive contributions or to make expenditu	ures on behalf of your candidac	y.		
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME O	OF TREASURER		
	NIA						
	**						
5.	Verification	•		***************************************			
	I declare under penalty of perjury that to the best of my kall reasonable diligence in preparing this statement. I ce	e 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					
	Executed on	6/18/24	Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDATE			