Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)
November 4, 2014

Amendment (Explain Below)

Officeholder or Candidate Information

NAME OF OFFICERHOLDER OR CANDIDATE
Michael C. Flores

STREET ADDRESS

CITY

STATE

ZIP CODE
CA 91764-4100

Officer Sought or Held

OFFICE Sought or HELD
Board Member, Ontario-Montclair School District

JURISDICTION (LOCATION)
County of San Bernardino

DISTRICT NUMBER (IF APPLICABLE)

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 ID. NUMBER
Committee to elect Michael Flores to the Board, 2014

COMMITTEE ADDRESS
Ontario, CA 91762

NAME OF TREASURER
Michael C. Flores

Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 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 29 July 2014

FPPC Form 470/470 Supplement (Jan/2008)
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov