

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

Date Stamp

RECEIVED

FEB 29 2024

CITY CLERK DEPARTMENT

**CALIFORNIA FORM 470**

For Official Use Only

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

4/9/2024

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

CRYSTAL LARIOS

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

VERNON CA 90058

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

CITY OF VERNON CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

CITY OF VERNON

**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 2-29-24  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp

RECEIVED

JUN 24 2024

CITY CLERK DEPARTMENT

**CALIFORNIA**  
**FORM 470**

For Official Use Only

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Leticia Lopez

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Vernon CA 90058

AREA CODE/DAYTIME PHONE NUMBER  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) 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 06/18/24 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

Amendment (Explain Below)

Date Stamp  
**RECEIVED**  
JUN 25 2024  
CITY CLERK DEPARTMENT

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information Isaura J. Lopez-Morales

NAME OF OFFICEHOLDER OR CANDIDATE

[REDACTED]

STREET ADDRESS

Vernon

CITY

CA

STATE

910058

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council Member

JURISDICTION (LOCATION)

City of Vernon

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

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

6/26/2024

DATE

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement –  
Short Form

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Date Stamp

CALIFORNIA FORM 470

For Official Use Only

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

Amendment (Explain Below)

JUNE 18 2024

CITY CLERK DEPARTMENT

*de*

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jays Rivera

CITY

Vernon Ca 90058

AREA CODE/DAYTIME PHONE NUMBER

STATE

Ca

ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilman

JURISDICTION (LOCATION)

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

6-18-24

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement –  
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Date Stamp  
JUN 18 2024  
CITY CLERK DEPARTMENT

CALIFORNIA FORM 470  
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Date of election if applicable:  
(Month, Day, Year)

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Melissa Ybana

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Vernon CA 90058

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Council member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Vernon

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
<u>N/A</u>		

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 [REDACTED] 6/18/24  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE