

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received  
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Filed Date: 02/10/2025 07:00 PM  
SAN: 072400521-STH-0521

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Maritza Galaviz C.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

El Monte Union High School District

Division, Board, Department, District, if applicable

Your Position

Member of the Board of Trustees

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☒ Other District

**3. Type of Statement (Check at least one box)**

☐ **Annual:** The period covered is January 1, 2023, through  
December 31, 2023.

☐ **Leaving Office:** Date Left / /  
(Check one circle.)

-or-

The period covered is / / , through  
December 31, 2023.

☐ The period covered is January 1, 2023, through the date  
of leaving office.

-or-

☐ The period covered is / / , through  
the date of leaving office.

☒ **Assuming Office:** Date assumed 12 / 18 / 2024

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

3537 Johnson Avenue

El Monte

CA

91731

DAYTIME TELEPHONE NUMBER

( 626 ) 444-9005

EMAIL ADDRESS

maritza.galaviz@emuhsd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/10/2025 07:00 PM  
(month, day, year)

Signature Galaviz C. Maritza  
(File the originally signed paper statement with your filing official.)