

Officeholder and Candidate
Campaign Statement –
Short Form

84

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

Amendment (Explain Below)

40C Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

John Nunez

STREET ADDRESS

CITY

Rosemead

STATE

CA.

ZIP CODE

91770

AREA CODE/DAYTIME PHONE NUMBER

626 274 1165

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Garvey School Dist.

JURISDICTION (LOCATION)

Rosemead ca.

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

[Signature]

DATE

7/22/2022

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE