

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

5723

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CAMPAIGN FINANCE
DISCLOSURE SECTION

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
JEFFREY DE LATORRE

STREET ADDRESS

CITY STATE ZIP CODE
HACIENDA HTS. CA 91745

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-366-3315 jdelatorre@hlpusd.k.12.ca.us.

OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
HLPUSD

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 la

Executed on 7-22-23
DATE