

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

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

\_\_\_\_\_

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 23.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Nancy Loera

STREET ADDRESS  
CA 91744

CITY STATE ZIP CODE  
CA 91744

CITY STATE ZIP CODE  
(626) 833-0427

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

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member

JURISDICTION (LOCATION) Hacienda DISTRICT NUMBER (IF APPLICABLE)

Trustee #2 LA Puente

**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 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

that the information provided is true and correct.

Executed on 8/10/2023 DATE

By \_\_\_\_\_ OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form