

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

Date Stamp	RECEIVED BY LOS ANGELES COUNTY (4) LW 2022 JUL 28 AM 11:36 CAMPAIGN FINANCE	CALIFORNIA FORM	470
		For Official Use Only	

Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 22 ^{9th}

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
JEFFREY DE LA TORRE

STREET ADDRESS
HACIENDA HTS

CITY STATE ZIP CODE
HACIENDA HTS CA 91745

AREA CODE/DAYTIME PHONE NUMBER
(626) 533-7237

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
HACIENDA LA PUENTE UNIFIED SCHOOL

JURISDICTION (LOCATION)
HACIENDA LA PUENTE UNIFIED SCHOOL

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 pe

Executed on 7-28-22
 DATE

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