

Officeholder and Candidate
Campaign Statement -
Short Form

8/24/21 (1)
Date Stamp

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/5/2020

Amendment (Explain Below)
RECEIVED BY LOS ANGELES COUNTY
2021 AUG 26 PM 2:44
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
EMILIO SOSA
STREET ADDRESS
WHITTIER, CA 90604
CITY STATE ZIP CODE
(562) 965-8697
AREA CODE/DAYTIME PHONE NUMBER
OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
LOS NIETOS SCHOOL BOARD TRUSTEE
JURISDICTION (LOCATION)
WHITTIER, 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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 or all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of _____ and that I have used _____

Executed on August 23, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE