

Officeholder and Candidate  
Campaign Statement –  
Short Form

11/27/21

Date of election if applicable:  
(Month, Day, Year)  
11/06/2018

Amendment (Explain Below)

Date Stamp  
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Nancy Armenta  
STREET ADDRESS  
  
CITY Rosemead STATE CA ZIP CODE 91770  
AREA CODE/DAYTIME PHONE NUMBER (626) 632-1398 OPTIONAL: FAX / E-MAIL ADDRESS narmenta@rosemead.k12.ca.us

OFFICE SOUGHT OR HELD  
Board of Trustees  
JURISDICTION (LOCATION) Rosemead School District 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>NONE</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 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 information provided in this statement is true and correct.

Executed on 07/27/21  
DATE

By \_\_\_\_\_