

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

416 GE24

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

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
LAURA JASSO

STREET ADDRESS

CITY STATE ZIP CODE
Duarte CA 91010

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member Area 1

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Duarte Unified School District

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>DR. LAURA JASSO for School Board 2024</u>	<u>Duarte, CA 91010</u>	<u>Alessandra Jasso</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 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 laws of the State of California that the information provided is true and correct.

Executed on 07/26/2024 DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE