

5724

Officeholder and Candidate
Campaign Statement –
Short Form

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

Amendment (Explain Below)

Date Stamp
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2024 JUL 26 AM 10:05
CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

021553

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Nancy Loera

STREET ADDRESS

CITY

City of Industry CA 91745

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

(626) 542-9711

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Hacienda La Puente Trustee - Area 2

JURISDICTION (LOCATION)

County of Los Angeles

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
MA		
MA		

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 laws of California that the information provided on this statement is true and correct.

Executed on July 26, 2024
DATE

By _____
OFFICEHOLDER OR CANDIDATE