

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

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -5 PM 2:14
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only
020397

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Maritza Nieves
STREET ADDRESS
Whittier
CITY
STATE CA ZIP CODE 90606
AREA CODE/DAYTIME PHONE NUMBER (323) 321-8770
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held
OFFICE SOUGHT OR HELD
Governing Board Member
JURISDICTION (LOCATION) Los Nietos 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>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 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 foregoing is true and correct.

Executed on 8/5/24 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE