

Officeholder and Candidate
Campaign Statement –
Short Form

8724 017439

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

Amendment (Explain Below)

Date Stamp

RECEIVED JUL 09 2024
07/09/24

CALIFORNIA FORM 470
LOS ANGELES COUNTY
2024 JUL 25 PM 12:31
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Henry Hernandez

STREET ADDRESS

CITY STATE ZIP CODE
CA 91744

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
0204 330-2126

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of directors, director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA Puente, LA county

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

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 7-8-24 DATE By _____