

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

10

<p>Date of election if applicable: (Month, Day, Year)</p> <p>November 8, 2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES CO ① 10/13/2022 2022 OCT 17 PM 2:41 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Nancy Loera		
STREET ADDRESS		
CITY	STATE	ZIP CODE
La Puente	CA	91744
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
6268330427		

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Hacienda La Puente Trustee Area 2 School Board Trustee	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Hacienda La Puente	Area 2

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 information provided is true and correct.

Executed on 10/13/2022
DATE

By _____
OFFICEHOLDER OR CANDIDATE