Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA 4.70	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY #.05 ANGELES COUNT -2022 JUL 29 PM 3: 01	
_				CASADA LON CONTRA	
1.	Statement Covers Calendar Year 20 22			OTHER PHANCE	
2.	Officeholder or Candidate Information		3. Office Sought or H	leld	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		
	Maritza Nieves	-	Governing Board Me	ember	
	STREET ADDRESS		JURISDICTION (LOCATION)	JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)	
			Los Nietos School Di	istrict	(II AFFEIGNBEE)
	CITY	STATE ZIP CODE			
	Whittier	CA 90606			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS			
	323/321-8770				
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		E OF TREASURER
	Not applicable.				
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 use all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the \$\frac{2}{2} \frac{2}{2} \fra				
	July 29, 2022				
	Executed onDATE		Ву	SIGNATURE OF OFFICEHOLDER OR CANDID	DATE