

Officeholder and Candidate
Campaign Statement –
Short Form

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

☐ Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2021 AUG -2 PM 4: 20
CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 ²¹ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Nancy A. Swenson

STREET ADDRESS

CITY

STATE

ZIP CODE

Downey

CA

90241

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

562-691-5612

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board of Education Member

JURISDICTION (LOCATION)

Downey Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

5

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

7/27/2021

DATE

E,

SIGNATURE OF OFFICEHOLDER OR CANDIDATE