

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 10 PM 4:52 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Veronica Peña

STREET ADDRESS

CITY

Rosemead Ca

STATE

ca

ZIP CODE

91770

AREA CODE/DAYTIME PHONE NUMBER

626-230 1646

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Rosemead School Board of trustee

JURISDICTION (LOCATION)

Rosemead, LA County

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

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

August 10, 2021

DATE

By

Clear Form

Print Form