

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

(9)DC

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**CAMPAIGN FINANCE
DISCLOSURE SECTION**

**CALIFORNIA
FORM 470**

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Veronica Pena

STREET ADDRESS

CITY Rosemead STATE CA ZIP CODE 91710

AREA CODE/DAYTIME PHONE NUMBER (626) 230-1646 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Trustee Member

JURISDICTION (LOCATION) Rosemead School District 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 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.

000 during the calendar year and that I have used true and correct.

Executed on 7/24/23 DATE

By _____ OFFICEHOLDER OR CANDIDATE