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5721

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
 8/2/21
 2021 AUG -4 PM 2: 02
 CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year ~~20~~ ^{DR} 2021

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Dolores Rivera

STREET ADDRESS _____

CITY STATE ZIP CODE
 La Puente Ca 91746

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Bassett Unified School District

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
NONE		

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 Monday, August 2, 2021 DATE

By _____

Clear Form

Print Form

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