

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

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
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③ 7/21/23
2023 JUL 24 PM 1:48
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Veronica Lauria

ST _____

CITY So. El Monte STATE CA ZIP CODE 91733

AREA CODE/DAYTIME PHONE NUMBER 626.277.5476 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Valle Lindo School District Board Member

JURISDICTION (LOCATION)
Valle Lindo School District (So. El Monte)

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 information provided is true and correct.

Executed on 7/19/2023
DATE

By _____
OFFICEHOLDER OR CANDIDATE