

Officeholder and Candidate
Campaign Statement -
Form 470 Supplement

<input checked="" type="checkbox"/> Amendment (Explain Below) <i>Had over \$2000.00 Expenses after 9/24/22</i>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 OCT 31 AM 8:50 CAMPAIGN FINANCE 10/29/22 EMAIL	CALIFORNIA FORM 470 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Betty Sanchez

STREET ADDRESS

CITY

Duarte

STATE

CA

ZIP CODE

91010

AREA CODE/DAYTIME PHONE NUMBER

(626) 485-0343

OPTIONAL: FAX / E-MAIL ADDRESS

(626) 357-1905 / be.sanchez56@gmail.com

2. Office Sought

OFFICE SOUGHT

Duarte Unified School District, Governing Board Member

DISTRICT NUMBER
(IF APPLICABLE)

Trustee Area #5

DATE OF ELECTION (MONTH, DAY, YEAR)

11/8/22

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

9/25/22

(MONTH, DAY, YEAR)

Clear Form

Print Form