

**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  
④ L.W.  
2022 JUL 29 AM 9:45  
CAMPAIGN FINANCE

**CALIFORNIA FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Veronica Penã

STREET ADDRESS

CITY Rosemead STATE Ca ZIP CODE 91770

AREA CODE/DAYTIME PHONE NUMBER 626-2301646 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
Board of Trustee

JURISDICTION (LOCATION)  
Rosemead

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 ID 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 7/20/2022 DATE

\_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE