

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

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

Amendment (Explain Below)

Date Stamp

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LOS ANGELES COUNTY

2023 AUG -2 AM 11:35

07/31/23

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

Maritza Nieves

STREET ADDRESS

CITY STATE ZIP CODE

Whittier CA 90606

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

323/321-8770

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Los Nietos 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
Not applicable.		

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 July 31, 2023 DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE