

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

9/29/22 PM

Date of election if applicable:
(Month, Day, Year)
11/8/2022

Amendment (Explain Below)

RECEIVED BY
LOS ANGELES COUNTY

2022 SEP 30 PM 3:28

CAMPAIGN FINANCE

Date Stamp

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

Hacienda La Puente Unified School District

STREET ADDRESS

OFFICE SOUGHT OR HELD

BOARD trustee

JURISDICTION (LOCATION)

Area 2

DISTRICT NUMBER
(IF APPLICABLE)

CITY

LA PUENTE, CA 91744

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

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
<u>Committee to Elect Noemi Aguilar to HLPUSD area 2</u>	<u>LA PUENTE, CA 91744</u>	<u>NOEMI Aguilar</u>

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

9/28/2022

DATE

By

HOLDER OR CANDIDATE