

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

Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>	<input type="checkbox"/> Amendment (Explain Below) <u>2022 AUG 17</u> <u>CAMPAIGN FINANCE</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY <u>070</u> <u>2022 AUG 17 AM 11:17</u>	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Paloma C. Ortiz-Rojas
 STREET ADDRESS

CITY
La Puente
 AREA CODE/DAYTIME PHONE NUMBER
(626) 622-2156

STATE
CA

ZIP CODE
91794

OPTIONAL: FAX / E-MAIL ADDRESS
paloma_ortizrojas@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
HLPUSO Hacienda La Puente USA

JURISDICTION (LOCATION)
LA County

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 foregoing is true and correct.

Executed on 08/17/2022
 DATE

OR CANDIDATE LM