

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

GF

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

11-8-2022

Amendment (Explain Below)

Date Stamp

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LOS ANGELES COUNTY

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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

OFFICE SOUGHT OR HELD

Annette Sanchez

Director Div 2

Montebello Ca 91704

STATE ZIP CODE

South Montebello

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

(323) 424-5691

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

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

Executed on 08-4-2022

DATE

By _____

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