

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

8/1/22 (7)

S

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

Amendment (Explain Below)

Date Stamp

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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

Wendy Carrera

STREET ADDRESS

CITY

Whittier

STATE

CA

ZIP CODE

90603

AREA CODE/DAYTIME PHONE NUMBER

626.321.7703

OPTIONAL: FAX / E-MAIL ADDRESS

wcarrera@hotmail.com

OFFICE SOUGHT OR HELD

EWCSO Board member area 5

JURISDICTION (LOCATION)

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

calendar year and that I have used

Executed on July 29, 2022
DATE