

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

Date of election if applicable:  
(Month, Day, Year)  
11/06/2018

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM <b>470</b>
RECEIVED BY LOS ANGELES COUNTY 2022 JUL 19 PM 4:51 CAMPAIGN FINANCE	For Official Use Only <b>019699</b>

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Nancy Armenta

STREET ADDRESS

Rosemead

CITY

CA

STATE

91770

ZIP CODE

626-774-6945

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Rosemead School District Board of Trustee

JURISDICTION (LOCATION)

Los Angeles 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 07/19/22  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE