

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

400

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

11/03/2020

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM	470
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2021 AUG -2 PM 5: 19		
CAMPAIGN FINANCE		

1. Statement Covers Calendar Year 20 20-21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Stephanie Serrano

STREET ADDRESS

CITY STATE ZIP CODE

West Covina Ca 91792

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

(323) 385-9486 sserrano.cpp@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Hacienda La Puente Trustee Area 1

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 8/2/21 DATE

By _____
OFFICEHOLDER OR CANDIDATE