

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

7/25/22 U

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

NAME OF OFFICEHOLDER OR CANDIDATE
EMILIO SOSA

STREET ADDRESS

CITY STATE ZIP CODE
WHITTIER CA 90606

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-965-8697 EMILIO_SOSA@LNSD.NET

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LOS NIETOS SCHOOL DISTRICT BOARD OF TRUSTEES

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LOS NIETOS SCHOOL DISTRICT

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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE	NONE	NONE

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California

lendar year and that I have used

Executed on JULY 21, 2022
DATE

By _____