

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

R

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM **470**

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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sue MAIucci

ST _____

CITY COVINA STATE CA ZIP CODE 91722

AREA CODE/DAYTIME PHONE NUMBER 626 482-6339 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Covina Valley Unified School Dist Board Member

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

_____ year and that I have used

Executed on 8/28/23 DATE