

Officeholder and Candidate  
Campaign Statement –  
Short Form

08/08/2023

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2023 AUG 10 AM 11:09  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA  
FORM 470  
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 \_\_\_\_\_

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Nancy Loera

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE CA ZIP CODE 91544

AREA CODE/DAYTIME PHONE NUMBER (626) 833-0427 OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

OFFICE SOUGHT OR HELD  
School Board Member

JURISDICTION (LOCATION)  
Hacienda LA Puente

DISTRICT NUMBER (IF APPLICABLE)  
Trustee #2

CA 91544

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 7/21/23 DATE

By \_\_\_\_\_ OFFICEHOLDER OR CANDIDATE