

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

5723

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<p style="text-align: center; font-size: small;">Date Stamp</p> <p style="text-align: center; font-weight: bold;">RECEIVED BY LOS ANGELES COUNTY</p> <p style="text-align: center; font-size: x-large;">2023 JUL 31 AM 11:32</p> <p style="text-align: center; font-weight: bold;">CAMPAIGN FINANCE</p>	<p style="font-weight: bold; font-size: large;">CALIFORNIA FORM 470</p> <p style="font-size: x-small;">For Official Use Only</p> <p style="font-size: large; font-weight: bold;">019699</p>
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<p style="font-size: small;">Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: large; text-align: center;">11-08-22</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Nancy Armenta

CITY	STATE	ZIP CODE
<u>Rosemead,</u>	<u>CA</u>	<u>91770</u>
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
<u>(626) 774-6945</u>		

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Rosemead School Board Trustee

JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
<u>LOS Angeles County</u>	

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 in contributions 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 California that I have not received more than \$2,000 in contributions during the calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on 07/31/23 DATE