

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

④DC

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 27 AM 8:18 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Annette Sanchez

CITY STATE ZIP CODE
monte bello Ca 90640

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(323) 424-5891

3. Office Sought or Held SOUTH MONTEBELLO IMMIGRATION
 OFFICE SOUGHT OR HELD DISTRICT

DIRECTOR, DIV. 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SOUTH MONTEBELLO, CA

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
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 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 July 26, 2023 DATE