

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

Date Stamp	RECEIVED BY LOS ANGELES COUNTY 07/19/24 2024 JUL 22 PM 2:18 CAMPAIGN FINANCE	CALIFORNIA FORM	470
		For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 24.

2. **Officeholder or Candidate Information** Sue Maulucci

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Covina CA 91722

CITY STATE ZIP CODE

626 4826339

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held** Covina Valley USA School Board

OFFICE SOUGHT OR HELD

Trustee Area 1

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 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 7-17-24 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE