

Officeholder and Candidate  
Campaign Statement –  
Short Form

aw (4) 5724

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

---

Amendment (Explain Below)

---



---

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 AUG -7 AM 11:56  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
019184

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
JEFFREY DELATORRE

---

CITY STATE ZIP CODE  
HACIENDA HTS CA 91745

AREA CODE/DAYTIME PHONE NUMBER  
(626) 533-7237

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
HACIENDA LA PUENTE USD - BOARD TRUSTEE

JURISDICTION (LOCATION)  
CITY OF INDUSTRY

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. N/A

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

Executed on 8-7-24 DATE

at I have used