

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/29/24 ①

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

Amendment (Explain Below)

Date Stamp  
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LOS ANGELES COUNTY  
2024 JUL 31 PM 2:51  
CAMPAIGN FINANCE

CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

EMILIO SOSA

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

(822) 965-8697

OPTIONAL: FAX / E-MAIL ADDRESS

Whittier, CA 90606

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Los Nietos School District

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
N/A	N/A	N/A

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 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

and correct.

Executed on

7/22/24

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE