

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

5724

③ 07/25/2024

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY LOS ANGELES COUNTY	For Official Use Only
2024 JUL 30 AM 11:43	019299
CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)
_____	_____

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Veronica Lauria

STREET ADDRESS  
\_\_\_\_\_

CITY So. El Monte STATE CA ZIP CODE 91733

AREA CODE/DAYTIME PHONE NUMBER 626.277.5476

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Valle Lindo School District Board Member

JURISDICTION (LOCATION)  
So. El Monte / L.A. Co.

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
<u>None</u>		

**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 Veronica Lauria By \_\_\_\_\_  
DATE 7/22/24

SIGNATURE OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_