

Officeholder and Candidate
Campaign Statement –
Short Form

5724

(9)DC

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CAMPAIGN FINANCE

CALIFORNIA
FORM 470
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Date of election if applicable:
(Month, Day, Year)
N/A

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Annette C Sanchez

STREET ADDRESS
Montebello CA 90640

CITY
Montebello CA STATE CA ZIP CODE 90640

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director Div 2 SOUTH MONTEBELLO IMMIGRATION DISTRICT

JURISDICTION (LOCATION)
South Montebello

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 July 24 2024 DATE

B
CANDIDATE