

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

N/A
Amendment (Explain Below)

RECEIVED BY
Date Stamp
LOS ANGELES COUNTY
4:45 P
2024 SEP 23 AM 11:37
CAMPAIGN FINANCE

CALIFORNIA FORM **470** SUPPLEMENT
For Official Use Only

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Laura Jasso

STREET ADDRESS

CITY

Duarte

AREA CODE/DAYTIME PHONE NUMBER

(626) 434-0599

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

ZIP CODE

91010

2. Office Sought

OFFICE SOUGHT

Duarte Unified School District Governing Board TA I

DATE OF ELECTION (MONTH, DAY, YEAR)

DISTRICT NUMBER
(IF APPLICABLE)

Trustee Area 1

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09/05/2024

(MONTH) DAY, YEAR