Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year) 12/12/2018	Amendment (Explain Below)	Date Stamp CALIFORNIA 470 RECEIVED BY OS ANGELES COUNTY 2021 JUL 26 PM 2: 42 CAMPAIGNEE CALIFORNIA FORM FORM CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA FORM FORM CALIFORNIA CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA CALIFORNIA CALIFORNIA FORM CALIFORNIA FORM CALIFORNIA CALIFORNIA FORM CALIFORNIA CALIFORNIA FORM CALIFORNIA CALIFORNI	
1.	Statement Covers Calendar Year 20	21.		- CAMPAIGN FINANCE	
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Veronica Lauria STREET ADDRESS		3. Office Sought or Held OFFICE SOUGHT OR HELD Valle Lindo School District Board member JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)		
	S. El Monte AREA CODE/DAYTIME PHONE NUMBER 6292775476	STATE ZIP CODE Ca 91733 OPTIONAL: FAX / E-MAIL ADDRESS	S. El Monte		
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive committee name and ld. Number		eive contributions or to make experience committee address	*	y. OF TREASURER
5.	Verification I declare under penalty of perjury that to the beall reasonable diligence in preparing this staten	st of my knowledge I anticipate that I will nent. I certify under penalty of perjury und	receive less than \$2,000 and that I will der the laws of the State of California t	spend less than \$2,000 during the cal hat the foregoing is true and correct.	endar year and that I have used

Executed on .

SIGNATURE OF OFFICEHOLDER OR CANDIDATE