

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/06/2018

Amendment (Explain Below)

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 19 PM 4:51 CAMPAIGN FINANCE CALIFORNIA FORM 470 For Official Use Only 019699

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE Nancy Armenta STREET ADDRESS Rosemead CITY Rosemead STATE CA ZIP CODE 91770 AREA CODE/DAYTIME PHONE NUMBER 626-774-6945 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD Rosemead School District Board of Trustee JURISDICTION (LOCATION) Los Angeles County 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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER

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 07/19/22 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE