

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 28 AM 9:27 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021410
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Eike Tapia

STREET ADDRESS _____

CITY _____ STATE CA ZIP CODE 91745

AREA CODE/DAYTIME PHONE NUMBER 626 6674733 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board member Hacienda La Puente Unified School District, Thudde Area 4

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.

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 7/29/22 DATE By _____ OFFICEHOLDER OR CANDIDATE