

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

7/12/21 (3)

Date of election if applicable: (Month, Day, Year) NA	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JUL 14 PM 3: 20 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
---	---	--	---

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Leigh Chavez

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91006

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-808-8280 lchavez@ausd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Arcadia Unified School District, Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Arcadia, Los Angeles County, CA

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

Executed on July 10, 2021
DATE

By _____