

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

7/13/23 (3)

5723

Date of election if applicable:  
(Month, Day, Year)

**Amendment** (Explain Below)

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CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Cristina Chiappe

STREET ADDRESS  
Hawthorne

CITY STATE ZIP CODE  
Hawthorne CA 90250

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310-901-3704

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Hawthorne

**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
N/A	N/A	N/A

**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 July 12-2023  
DATE