

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

RECEIVED BY  
LOS ANGELES COUNTY

**CALIFORNIA  
FORM 470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11/8/22

Amendment  
2022 JUL 20 PM 2:24  
22 JUL 19 P1:13  
CAMPAIGN FINANCE  
7/20/22 EMAIL

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Anastasia Shackelford  
STREET ADDRESS  
  
CITY STATE ZIP CODE  
La Habra CA 90631  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310) 367-3646 msdshack@ yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Board of Trustee Lowell Joint School Dist  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Area #5

**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 7/19/22  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form