

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

400C

Date of election if applicable: (Month, Day, Year) <u>NOV. 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 AUG 12 PM 6:35 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

Timothy Fox

Hacienda-La Puente Unified School District Trustee Area 5

STREET ADDRESS

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

CITY

CA 91745

Hacienda Heights

(626) 827-0381

timothy.c.fox.44@gmail.com

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

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
<u>N/A</u>		

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

Executed on Aug. 11, 2022
DATE

DATE