

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

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

Amendment (Explain Below)

| | |
|--|-------------------------------|
| Date Stamp | CALIFORNIA FORM 470 |
| RECEIVED BY LOS ANGELES COUNTY | For Official Use Only |
| 2023 JUL 17 PM 2:26 | |
| CAMPAIGN FINANCE DISCLOSURE SECTION | |

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
FENTON ENG

STREET ADDRESS

CITY STATE ZIP CODE
ARCADIA CA 91006

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-710-8322

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
ARCADIA UNIFIED

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

and that I have used

Executed on 7/12/23
DATE

By _____