

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

5721

9

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

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
307/20/2021
2021 JUL 22 PM 1:00
CAMPAIGN FINANCE**

CALIFORNIA FORM 470
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019023

1. Statement Covers Calendar Year 20 2021 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Fenton F. Eng

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91006

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Arcadia Unified School District

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

calendar year and that I have used ct.

Executed on 7/20/21 DATE

By _____ DATE