

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

7/30/21 PM 5:21

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

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**Amendment** (Explain Below)

2021 AUG -2 PM 4:22

CAMPAIGN FINANCE

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LOS ANGELES COUNTY

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

019608

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Joanne Russell Chavez

STREET ADDRESS

CITY

Rosemead

STATE

CA

ZIP CODE

91770

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Member, Board of Education

JURISDICTION (LOCATION)

Alhambra CA

DISTRICT NUMBER  
(IF APPLICABLE)

**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 July 26, 2021 DATE

By \_\_\_\_\_

dc