

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

gw (4) 5721

Date of election if applicable: (Month, Day, Year) <u>10/02/2018</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 APR 17 AM 9:59 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 020473
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Alexis Aceves

STREET ADDRESS
Lennox

CITY
Lennox

STATE
CA

ZIP CODE
90304

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS
alexis.aceves10@gmail.com

OFFICE SOUGHT OR HELD
Lennox School District Board Member

JURISDICTION (LOCATION)
Los Angeles

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
<u>Aceves for School Board 2018</u> <u>ID # 1410372</u>	<u>CA 90304</u> <u>Lennox</u>	<u>Alexis Aceves</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 the State of California that the foregoing is true and correct.

Executed on 04/17/24
DATE

By _____