

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

(4) 6/10/21 ER 5721

Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY 2021 JUN 10 AM 10:08 CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>  <b>017463</b>
---	---

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
--	---

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
C Joseph Chang

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
San Marino CA 91108

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-203-6861 chihchang@aol.com

OFFICE SOUGHT OR HELD  
Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
San Marino Unified School District, Los Angeles County

**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>No more have committees</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 6-10-2021  
DATE

By \_\_\_\_\_