

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

LOS ANGELES COUNTY

5723

2023 JUL 17 PM 2:18
Date Stamp

CALIFORNIA
FORM 470

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

N/A

Amendment (Explain Below)

CAMPAIGN FINANCE
7/14/23
priority mail

For Official Use Only
020015

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Leigh Chavez

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91006

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626 808-8260 lchavez@ausd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Arcadia Unified School District Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Arcadia, Los Angeles County, CA

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 information provided is true and correct.

Executed on July 14, 2023
DATE

By _____