

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or | Date qualification threshold met | Date of termination |
| <input type="radio"/> Date qualification threshold met | ____/____/____ | 09 / 02 / 22 |

Date Stamp

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of the State of California

CALIFORNIA FORM 410
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2022 SEP 28 AM 11:57

SEP 15 2022

CAMPAIGN FINANCE

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
|--|--|--------------|---------------------|---|-----------|--------------|---------------------|
| NAME OF COMMITTEE CHAVEZ FOR ARCADIA SCHOOL BOARD 2022 | | | | NAME OF TREASURER SHARON VAN KIRK | | | |
| I.D. Number (if applicable) 1445921 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | ARCADIA | CA | 91006 | 626-818-3906 |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| ARCADIA | CA | 91006 | 626-808-8260 | N/A | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| SAME AS ABOVE | | | | | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LEIGHSCHAVEZ@GMAIL.COM | | | | | | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| LOS ANGELES | LOS ANGELES COUNTY | | | LEIGH CHAVEZ | | | |
| | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | | ARCADIA | CA | 91006 | 626-808-8260 |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 9/13/22 DATE

Executed on 9-13-22 DATE

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

| | |
|--|------------------------|
| COMMITTEE NAME CHAVEZ FOR ARCADIA SCHOOL BOARD 2022 | I.D. NUMBER 1445921 |
|--|------------------------|

• All committees must list the financial institution where the campaign bank account is located.

| | | |
|---|---------------------------------|------------------------------------|
| NAME OF FINANCIAL INSTITUTION CITIZENS BUSINESS BANK | AREA CODE/PHONE 626-445-7350 | BANK ACCOUNT NUMBER 10-110-2548 |
| ADDRESS | CITY ARCADIA | STATE ZIP CODE CA 91006 |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|--|---|------------------|--------------------|----------|------------------------------|
| LEIGH CHAVEZ | Arcadia Unified Board of Education | 2022 | Nonpartisan | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

CHAVEZ FOR ARCADIA SCHOOL BOARD 2022

I.D. NUMBER

1445921

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

UP 7

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2022 SEP 15 PM 3:16

CAMPAIGN FINANCE 020015

CALIFORNIA FORM 460

Page 1 of 6

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SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 7/1/22

through 9/2/22

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

6/7/22

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
(Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
- C11657

3. Committee Information

I.D. NUMBER
1445921

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

CHAVEZ FOR ARCADIA SCHOOL BOARD 2022

STREET ADDRESS (NO P.O. BOX)

| STATE | ZIP CODE | AREA CODE/PHONE | |
|---------|----------|-----------------|--------------|
| ARCADIA | CA | 91006 | 626-808-8260 |

ARCADIA

CA

91006

626-808-8260

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

SAME AS ABOVE

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| ARCADIA | CA | 91006 | 626-808-8260 |

OPTIONAL: FAX / E-MAIL ADDRESS

LEIGHSCHAVEZ@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

SHARON VAN KIRK

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| ARCADIA | CA | 91006 | 626-818-3906 |

ARCADIA

CA

91006

626-818-3906

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on 9/13/22

Date

Executed on 9-13-22

Date

Executed on _____

Date

Executed on _____

Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

able Officer of Sponsor

ment

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
LEIGH CHAVEZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ARCADIA UNIFIED SCHOOL DISTRICT SCHOOL BOARD OF EDUCATION

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
ARCADIA CA 91006

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/22</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>6</u> |
| | I.D. NUMBER 1445921 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CHAVEZ FOR ARCADIA SCHOOL BOARD 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 30 | \$ 8,300 |
| 2. Loans Received..... Schedule B, Line 3 | (6,500) | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | (6,470) | 8,300 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 198 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | (6,470) | 8,498 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 11 | \$ 8,300 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | 11 | 8,300 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | (5) | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 198 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | 6 | 8,498 |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|----------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 6,481 |
| 13. Cash Receipts..... Column A, Line 3 above | (6,470) |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 11 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0 |

If this is a termination statement, Line 16 must be zero.

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

Cash Equivalents and Outstanding Debts

| | |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/22</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>6</u> |
| I.D. NUMBER <u>1445921</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CHAVEZ FOR ARCADIA SCHOOL BOARD

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 30
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 30

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/22</u> through <u>9/2/22</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>6</u> |
| | I.D. NUMBER 1445921 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHAVEZ FOR ARCADIA SCHOOL BOARD 2022

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|---|--|----------------------------------|---|---|
| LEIGH CHAVEZ ARCADIA CA 91006 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SCHOOL BOARD MEMBER ARCADIA UNIFIED SCHOOL DISTRICT | \$ 6,500 | \$ 0 | <input checked="" type="checkbox"/> PAID \$ 6,470 <input checked="" type="checkbox"/> FORGIVEN \$ 30 | \$ 0 N/A DATE DUE | 0 % RATE \$ 0 | \$ 6,500 3/18; 4/1/22 DATE INCURRED | CALENDAR YEAR \$ 6,500 PER ELECTION** \$ N/A |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 0 | \$ 6,500 | \$ 0 | \$ 0 | \$ 0 | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

| | |
|---|------------|
| 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) | \$ 0 |
| 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) | \$ 6,500 |
| 3. Net change this period. (Subtract Line 2 from Line 1.) NET | \$ (6,500) |

Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.