

Officeholder and Candidate  
Campaign Statement –  
Short Form

5721 COPY

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

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Amendment (Explain Below)

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LOS ANGELES COUNTY  
2021 JUN 21 PM 3: 24  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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018227

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Anastasia M. Shackelford

STREET ADDRESS  
La Habra

CITY STATE ZIP CODE  
La Habra

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(562) 902-4203

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION)  
Lowell Joint School District

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
N/A		

5. Verification

I declare 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 my money for my campaign. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed by \_\_\_\_\_

By 6/14/21 tm  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE