

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

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

---

**Amendment** (Explain Below)

---

RECEIVED BY  
LOS ANGELES COUNTY  
7/13/24  
2024 JUL 15 PM 12:40  
CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**  
For Official Use Only

**1. Statement Covers Calendar Year 20** 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Christopher Staples

STREET ADDRESS

CITY STATE ZIP CODE  
La Mirada ca 90638

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
562-903-3992

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Norwalk-La Mirada Uni Sch Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
LA 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

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that th

Executed on 7/9/2024  
DATE

By \_\_\_\_\_