

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

(4) DC

6-524

Date of election if applicable:  
(Month, Day, Year)  
11/05/2024

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 AUG -5 AM 10:00  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
017669

1. Statement Covers Calendar Year 20 24.

off 014390

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Lisa Chavarria

CITY Santa Fe Springs, CA STATE CA ZIP CODE 90670  
AREA CODE/DAYTIME PHONE NUMBER 562/335-6874  
OPTIONAL: FAX/E-MAIL ADDRESS \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member  
JURISDICTION (LOCATION) Little Lake City School Dist. 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

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

California that I have used the information provided during the calendar year and that I have used the information provided to me and correct.

Executed on 08/05/2024 DATE

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OFFICEHOLDER OR CANDIDATE