Officeholder and Candidate Campaign Statement – Short Form				(P) 6C	5722.
		· · · · · · · · · · · · · · · · · · ·		Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY LCS ANGELES COUNTY	For Official Use Only
		N/A		2022 JUL 29 PM 4: 53	013720
1.	Statement Covers Calendar Year 20 22	•		CAMPAIGN FINANCE	
2.	Officeholder or Candidate Information		3. Office Sought or I	Held	
	NAME OF OFFICEHOLDER OR CANDIDATE Sylvia Macias STREET ADDRESS JURISDICTION (LOCATION) School District NUMBER (IF APPLICABLE) Area 5				
	STREET ADDRESS /		JURISDÍCTION (LOCATIÓN)	heal District	(IF APPLICABLE)
	CITY.	IP CODE		4,00	
	Whittier 4 906 AREA CODE/DAYTIME PHONE NUMBER				
	AREA CODE/DAY TIME PRONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·		
4.	Committee Information List all committees of which you have knowledge th		eive contributions or to make expe	nditures on behalf of your candidac	
4.	Committee Information		eive contributions or to make exper		Sy. DF TREASURER
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4. 5.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER	nat are primarily formed to rece	committee Address eceive less than \$2,000 and that I will	spend less than \$2,000 during the ca	OF TREASURER