

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

7/27/23
PM

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

Amendment (Explain Below)

Date Stamp
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DISCLOSURE SECTION

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Traci L. Gholar

STREET ADDRESS

CITY STATE ZIP CODE
Monrovia CA 91016

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-722-7093

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER
(IF APPLICABLE)
Monrovia Unified School District

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	n/a	n/a
n/a	n/a	n/a

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 less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

Executed on July 25, 2023
DATE