

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

ACE

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED LOS ANGELES 2022 OCT 11 PM 3:10 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
SAM DESAI
 STREET ADDRESS

 CITY STATE ZIP CODE
CERRITOS CA 90703
 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD
 JURISDICTION (LOCATION)
ABC USD, LA COUNTY
 DISTRICT NUMBER (IF APPLICABLE)
TRUSTEE AREA 3

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
ELECT SAM DESAI FOR ABC USD BOARD <i>NYQ</i>	CERRITOS CA 90703	SAM DESAI

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 laws of the State of California that the foregoing is true and correct.

Executed on 10/11/2022
 DATE

By _____
 SIGNATURE DATE