

5722

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

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

Date Stamp RECEIVED BY LOS ANGELES COUNTY 8/29/22 2022 AUG 31 PM 3:05 CAMPAIGN FINANCE	CALIFORNIA FORM <b>470</b>
	For Official Use Only 019730

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Christopher Apodaca

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Hawaiian Gardens CA 90716

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
714-244-7368

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Trustee/Boardmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
ABC Unified School District Area7

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 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

Executed on 08/26/2022  
DATE

By \_\_\_\_\_