

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) <i>Not to receive a stipend from the district and not have a controlled committee</i>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 29 PM 12:48 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
C Joseph Chang

STREET ADDRESS _____

CITY STATE ZIP CODE
San Marino CA 91108

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-203-6861 Chihchang@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Marino unified school District, Los Angeles county

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
<u>no more have committed</u>		

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 7-29-2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE