

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

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

N/A

Amendment (Explain Below)

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CALIFORNIA FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sylvia V. Macias

STREET ADDRESS

CITY STATE ZIP CODE
Whittier CA 90604

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-941-8802

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
South Whittier 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
<u>N/A</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 expend 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 information provided in this statement is true and correct.

Executed on August 19, 2023
DATE

By. _____