

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

7/13/23 (1) 5723

Date Stamp: <b>RECEIVED BY LOS ANGELES CO</b>	<b>CALIFORNIA FORM 470</b>
2023 JUL 17 PM 2:28	For Official Use Only 020915
<b>CAMPAIGN FINANCE DISCLOSURE SECTION</b>	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)
_____	_____ _____

1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Christopher Staples

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

CITY STATE ZIP CODE  
La Mirada ca 90638

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  
562-903-3992

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Norwalk-La Mirada Uni Sch Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
LA 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

**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 information provided is true and correct.

Executed on 7/13/2023 DATE

By \_\_\_\_\_