

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

7/22/24 (3)

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY	For Official Use Only
2024 JUL 23 AM 11:12	
CAMPAIGN FINANCE	

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

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
C Joseph Chang

STREET ADDRESS
San Marino CA 91108

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER 626-203-6861

OPTIONAL: FAX / E-MAIL ADDRESS Chihchang@aol.com

OFFICE SOUGHT OR HELD
Governing Board

JURISDICTION (LOCATION)
San Marino Unified School District
Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

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 foregoing is true and correct.

Executed on 7-22-2024
DATE

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