

Officeholder and Candidate
Campaign Statement –
Short Form

④DC

A-NAM

6E24

Date of election if applicable: (Month, Day, Year) <u>Nov 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	RECEIVED BY LOS ANGELES COUNTY 2024 JUL 31 AM 11:03 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michelle Bella Legaspi
STREET ADDRESS

CITY

Blawhome, CA
AREA CODE/DAYTIME PHONE NUMBER

310-529-6888

STATE

ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing School Board
JURISDICTION (LOCATION)

Niseburn Unified School

DISTRICT NUMBER
(IF APPLICABLE)

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

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 July 31, 2024
DATE

By _____