

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)  
 10/03/2021

Amendment (Explain Below)

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 CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
 Christopher Apodaca  
 STREET ADDRESS  
 CITY STATE ZIP CODE  
 Hawaiian Gardens CA 90716  
 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
 7142447368 chrisinhg@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
 ABC Unified School District Board Trustee Area 7  
 JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
 Trustee Area 7

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
None Currently Formed		

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 Califor is true and correct.

Executed on 10/14/2021 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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