

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

7/27/21 (3)

|   |  |   |   |
|---|--|---|---|
| <p>Date of election if applicable:<br/>(Month, Day, Year)</p> <hr/> | <p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <hr/> | <p>Date Stamp</p> <p>RECEIVED BY<br/>LOS ANGELES COUNTY<br/>2021 JUL 29 PM 12:17<br/>CAMPAIGN FINANCE</p> | <p><b>CALIFORNIA<br/>FORM 470</b></p> <p>For Official Use Only</p> <p style="font-size: 2em; color: blue;">020795</p> |
|---|--|---|---|

1. Statement Covers Calendar Year 20 <sup>21</sup> \_\_\_\_\_.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Traci L. Gholar

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

CITY STATE ZIP CODE  
Monrovia CA 91016

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-722-7093

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Monrovia Unified 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 |
|--------------------------------|-------------------|-------------------|
|                                |                   |                   |
|                                |                   |                   |

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the

at I have used

Executed on July 24, 2021  
DATE

\_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE