

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

5723 COPY/SHARED DIST.

Date of election if applicable:  
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2023 JUL 19 AM 10:53  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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018227

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Anastasia M. Shackelford

STREET ADDRESS

CITY STATE ZIP CODE

Latlabra, CA 90631

AREA CODE/DAYTIME PHONE NUMBER

310 367 3646

OPTIONAL: FAX / E-MAIL ADDRESS

msdshack@yahoo.com

OFFICE SOUGHT OR HELD

Lowell Joint School District Governing Board mem

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

Trustee Area 5

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
N/A	N/A	N/A

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 7/19/23  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE EM