

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

11/8/2022

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
ALW  
2022 AUG -4 PM 4: 22  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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021463

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mayra V. Chavez

STREET ADDRESS

CITY

Gardena

AREA CODE/DAYTIME PHONE NUMBER

310-386-9594

STATE

CA

ZIP CODE

90249

OPTIONAL: FAX / E-MAIL ADDRESS

mchavez110@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Centinela Valley Union High School District Trustee, Area 1

JURISDICTION (LOCATION)

Centinela Valley Union High School District

DISTRICT NUMBER  
(IF APPLICABLE)

1

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

8/4/2022  
DATE

By

GM