

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

Sep 29 2022

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

11/08/22

Amendment (Explain Below)

Date Stamp 4 PM
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CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information Virginia Garcia

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

La Puente

CITY

CA

STATE

91746

ZIP CODE

626-420-8707

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Basett Unified School Board

JURISDICTION (LOCATION)

LA County

DISTRICT NUMBER
(IF APPLICABLE)

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 \$ _____ e 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 _____ ct.

Executed on

09/28/22

DATE

By _____

DATE