

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

02/15/23 ①
5723

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

November 2020

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Patricia Edwards

STREET ADDRESS

CITY STATE ZIP CODE

661.248.6441

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

School Board President

JURISDICTION (LOCATION)

Gorman - Los Angeles 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 \$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.

Executed on 02/14/2023 DATE

By _____ DATE