

Officeholder and Candidate  
Campaign Statement –  
Short Form

*SP*

7/22/2022 (7)

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

Amendment (Explain Below)

Date Stamp

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CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Scott Phelps

STREET ADDRESS

CITY Pasadena STATE CA ZIP CODE 91103

AREA CODE/DAYTIME PHONE NUMBER 626-720-2470 OPTIONAL: FAX / E-MAIL ADDRESS 626-sphelps9@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD Member of the Board of Education for Pasadena USD

JURISDICTION (LOCATION) District 7, Pasadena DISTRICT NUMBER (IF APPLICABLE) 7

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
<u>None</u>		

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:

Executed on July 20, 2022 DATE

By [Signature]