Car	iceholder and Candidate mpaign Statement –					Date Stamp CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		LOS ANGELI 2021 JUL 26 CAMPAIGN	S COUNTY Official Use Only PM 4: 51 020883
1.	Statement Covers Calendar Year 20 21						
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Jennifer Anderson STREET ADDRESS CITY Arcadia AREA CODE/DAYTIME PHONE NUMBER 626-447-4777	STATE CA OPTIONAL:	ZIP CODE 91006 FAX / E-MAIL ADDRESS	3.	Office Sought or Held OFFICE SOUGHT OR HELD Governing Board Member JURISDICTION (LOCATION) Monrovia Unified School	er	DISTRICT NUMBER (IF APPLICABLE)
	Committee Information List all committees of which you have knowledge that are primarily formed to receive COMMITTEE NAME AND I.D. NUMBER			utions or to make expenditur EE ADDRESS		acy.	
5.	Verification I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement July 23, 2021 Executed on	of my knowledge I t. I certify under p	anticipate that I will enalty of perjury und	receive les der the law			used