Officeholder and Candidate Campaign Statement – Short Form		74.79 (37-3x f) (c. 107)		7/27/2/3 Date Stamp CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY ANGELES C IN FORM 4/0 FORM FORM FOR Only PAIGN FINANCE
1.	Statement Covers Calendar Year 20 21		The state of the s	The state of the s
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Michelle Richardson Bailey STREET ADDRESS CITY Pasadena AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA 91104 OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or Hoperation of the School Board Memburistiction (Location) Pasadena Unified	
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 NAME OF TREASURER			
	COMMITTEE NAME AND I.U. HUMBER		COMMITTEE ADDRESS	NAME OF TREASURER
5.	Verification I declare under penalty of perjury that to the best all reasonable diligence in preparing this statement	of my knowledge I anticipate that I will nt. I certify under penalty of perjury un	receive less than \$2,000 and that I will der the laws of the State of California th	spend less than \$2,000 during the calendar year and that I have use that the foregoing is true and correct.
	Executed on July 26, 2021		Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDATE