

**Off ceholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

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CAMPAIGN FINANCE
DISCLOSURE SECTION

Date/Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

1. **Statement Covers Calendar Year 20** 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jennifer Hall Lee

STREET ADDRESS

Altadena CA 91001

CITY

STATE ZIP CODE

818-219-9339

jenniferhalllee@gmail.com

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Pasadena Unified School District Trustee

JURISDICTION (LOCATION)

Pasadena Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

District #2

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
Jennifer Hall Lee For PUSD Trustee 2024	Altadena, CA 91001	Jennifer Hall Lee

5. Verifi cation

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ _____ year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of _____

Executed on

7-20-23

DATE

By _____