

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

5723

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/03/2020</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY ANGELES COUNTY 7/25/23 JUL 27 PH 2:10 CAMPAIGN FINANCE DISCLOSURE SECTION</p>	<p>CALIFORNIA FORM 470 For Official Use Only 020817</p>
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1. Statement Covers Calendar Year 20²³

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Mary A Sneed

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91007

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-354-7281 msneedtc@yahoo.com

OFFICE SOUGHT OR HELD
TCUSD Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Temple City, CA

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
Mary Sneed For TCUSD Governing Board 2020 ID # 1433948	6724 Temple City Blvd, Arcadia, CA 91007	Tricia O'Brien

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 the foregoing is true and correct.

Executed on 7/25/2023 DATE

By _____