

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

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

---

**Amendment** (Explain Below)

---

Date Stamp  
**RECEIVED BY  
 LOS ANGELES COUNTY  
 2024 JUL 22 PM 2:25  
 CAMPAIGN FINANCE**

**CALIFORNIA  
 FORM 470**  
 For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Patricia A. Rasmussen  
 STREET ADDRESS  
111  
 CITY STATE ZIP CODE  
Glendora CA 91741  
 AREA CODE/DAYTIME PHONE NUMBER  
(626) 290-8192  
 OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board member Citrus College  
 JURISDICTION (LOCATION) DISTRICT NUMBER  
Glendora, CA 91741 Area 4

**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>No Committee</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 the foregoing is true and correct.

Executed on July 19, 2024  
 DATE