

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

① 02/14/2024
Date Stamp

5724

CALIFORNIA FORM 470

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

November 2020

Amendment (Explain Below)

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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Patricia Edwards
STREET ADDRESS
CITY STATE ZIP CODE
661.248.6441
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held
OFFICE SOUGHT OR HELD
School Board President
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Gorman - Los Angeles County

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

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 that the information provided is true and correct.

Executed on 02/15/2024 DATE By _____ OFFICEHOLDER OR CANDIDATE