

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

5724

① 08/16/2024

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

Amendment (Explain Below)

Date Stamp  
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CALIFORNIA  
FORM 470  
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Joanna Ldm

STREET ADDRESS

CITY  
San Marino

AREA CODE/DAYTIME PHONE NUMBER  
626-757-7005

STATE  
CA

ZIP CODE  
91108

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Board Member

JURISDICTION (LOCATION)  
San Marino Unified School District

DISTRICT NUMBER (IF APPLICABLE)

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 of California that the foregoing is true and correct.

Executed on Aug 16, 24  
DATE

By \_\_\_\_\_  
SIGNATURE