

Officeholder and Candidate
Campaign Statement –
Short Form

5724

① 05/24/2024
Date Stamp

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LOS ANGELES COUNTY
2024 MAY 29 AM 10:25
CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

PATRICIA F GARIBAY

STREET ADDRESS

VALENCIA 91354

CITY

STATE

ZIP CODE

(310) 916-5130

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SCHOOL BOARD MEMBER

JURISDICTION (LOCATION)

SAVON WASH SCHOOL DISTRICT

LOS ANGELES COUNTY

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

N/A

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

MAY 23, 2024

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE