

Officeholder and Candidate  
Campaign Statement –  
Short Form

5724

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

Amendment (Explain Below)

Date Stamp

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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  
MARY SNEED

STREET ADDRESS

CITY ARCADIA STATE CA ZIP CODE 91007

AREA CODE/DAYTIME PHONE NUMBER 626-354-7281 OPTIONAL: FAX / E-MAIL ADDRESS msneed@tcusd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
GOVERNING BOARD MEMBER

JURISDICTION (LOCATION)  
TEMPLE CITY UNIFIED SCHOOL DISTRICT

DISTRICT NUMBER (IF APPLICABLE)  
3

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 and correct.

Executed on July 17, 2024  
DATE

By \_\_\_\_\_  
FOR CANDIDATE