

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

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED LOS ANGELES COUNTY <b>07/30/24</b> 2024 AUG -1 PM 3:16	For Official Use Only
CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> Amendment (Explain Below)  _____ _____
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1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TORRANCE CA 90503  
CITY STATE ZIP CODE

(310) 753-3762 PARK.JASMINE@TUSD.ORG  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD \_\_\_\_\_

BOARD OF EDUCATION TRUSTEE  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

TORRANCE UNIFIED AT-LARGE  
SCHOOL DISTRICT

**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 JULY 29, 2024 By \_\_\_\_\_  
DATE