

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	RECEIVED BY LOS ANGELES COUNTY 2024 AUG -9 AM 9:59 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20²⁴ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jonathan Smith

STREET ADDRESS

CITY

Rosemead

STATE

CA

ZIP CODE

91770

AREA CODE/DAYTIME PHONE NUMBER

428 327 1600

OPTIONAL: FAX / E-MAIL ADDRESS

~~Jonathan Smith~~ JSmith4ASBO@MAIL.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Rosemead School District Governing Board Member

JURISDICTION (LOCATION)

Rosemead

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 08/09/2024
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE