

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

| | | | |
|---|--|-----------------------------------|---|
| Date of election if applicable: (Month, Day, Year) | RECEIVED BY Amendment COUNTY RECEIVED ① 8/12/22 2022 AUG 15 PM 4:09 | Date Stamp 2022 JUL 28 PM 3:35 | CALIFORNIA FORM 470 For Official Use Only |
| | CAMPAIGN FINANCE | CITY CLERK CITY OF PASADENA | |

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Scott Phelps

STREET ADDRESS

CITY Pasadena STATE CA ZIP CODE 91103

AREA CODE/DAYTIME PHONE NUMBER 626-720-2470 OPTIONAL: FAX / E-MAIL ADDRESS stphelps9@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Member of Board of Education

JURISDICTION (LOCATION)
Pasadena USD

DISTRICT NUMBER (IF APPLICABLE)
7

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 |
|--------------------------------|-------------------|-------------------|
| <u>Nme</u> | <u>N.A.</u> | <u>N.A.</u> |
| | | |

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 as a result of all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided in this statement is true and correct.

Executed on 7-28-22 DATE By _____