

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

Date Stamp <b>RECEIVED BY LOS ANGELES COU</b>  <b>2022 SEP -6 PH 3:51</b>  <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
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**1. Statement Covers Calendar Year 20** 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jasmine Park

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

CITY STATE ZIP CODE  
Torrance CA 90504

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310-753-3762 park.jasmine@tusd.org

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION) <u>Torrance Unified School District</u>	DISTRICT NUMBER (IF APPLICABLE)
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**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 August 18, 2022 By \_\_\_\_\_  
DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE