

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

Date of election if applicable: (Month, Day, Year) <u>11 - 8 - 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 2023 AUG -2 AM 11:31 CAMPAIGN FINANCE DISCLOSURE SECTION	For Official Use Only

1. Statement Covers Calendar Year 20 ~~22~~ 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ZAHIR ROBB

STREET ADDRESS
11 -

CITY STATE ZIP CODE
SOUTH PASADENA CA 91030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
623-379-6795 Zahirrobb@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SOUTH PASADENA 4

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>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 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 7 / 30 / 2023
DATE