

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

Date Stamp RECEIVED BY US ANGELES COUNTY 2024 SEP 12 PM 2:17 CAMPAIGN FINANCE	CALIFORNIA FORM 470
For Official Use Only	

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

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Yarma Velázquez</u>		
STREET ADDRESS 		
CITY <u>850-320-1888</u>	STATE	ZIP CODE
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>Pasadena Unified School District Trustee</u>		
JURISDICTION (LOCATION) <u>Pasadena CA</u>	DISTRICT NUMBER (IF APPLICABLE) <u>7</u>	

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 Sept. 9, 2024
DATE