

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

④ *OK*

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2024 JUL 19 AM 11:45
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
pm *pm*
11/5/2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Patricia Martinez-Miller

STREET ADDRESS

CITY STATE ZIP CODE
South Pasadena, CA 91030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310) 420-9054

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
South Pasadena Unified School District 2

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 expend 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 S

Executed on July 19, 2024 ^{*pm*} DATE

By _____