

Officeholder and Candidate
Campaign Statement –
Short Form

5724

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Matt W. Smith
STREET ADDRESS

CITY STATE ZIP CODE
San Gabriel, CA 91775
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 617-2121 msmith@tcusd.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Temple City USD

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 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 State of Cal

Executed on 7-15-2024
DATE

By _____