

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

5124 Adcl N

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		RECEIVED BY LOS ANGELES COUNTY 2024 MAY 29 AM 10:25 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
PATRICIA FUNIBO GARIBAY

STREET ADDRESS
VANACIA, 91354

CITY STATE ZIP CODE
(310) 916-5100

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION)
SAUNTER UNION SCHOOL DISTRICT

DISTRICT NUMBER (IF APPLICABLE)
LOS ANGELES COUNTY

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 MAY 23, 2024
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE