

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

9/3/21 400

Date Stamp LOS ANGELES	RECEIVED CALIFORNIA FORM 470
2021 SEP -3	For Official Use Only PM 4:51
CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year)	<input checked="" type="checkbox"/> Amendment (Explain Below)
_____	_____

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Edith Marcel

STREET ADDRESS

CITY CA STATE 90606 ZIP CODE
562-739-5708

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) Los Nietos School District DISTRICT NUMBER (IF APPLICABLE) _____

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 9/03/21 DATE

By _____