Date of election if applicable: (Morth, Day, Year) November 2020 1. Statement Covers Calendar Year 20 23 CAMPAIGN FINANCE 2028 FEB 17 PM 3: 06 CAMPAIGN FINANCE CAMPAIGN FINANCE 2. Office Sought or Held OFFICE SOUght or He	Officeholder and Candidate Campaign Statement – Short Form				32	Date Stamp	CALIFORNIA 470			
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2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Patricia Edwards STREET ADDRESS CA 93243 CITY 661.248.6441 AREA CODEDAYTHISE PHONE NUMBER OFFICHABLE PHONE NUMBER COMMITTEE INME AND I.D. NUMBER COMMITTEE NAME AND I.D. NUMBER COMMITTEE NAME AND I.D. NUMBER COMMITTEE NAME AND I.D. NUMBER COMMITTEE ADDRESS NAME OF TREASURER COMMITTEE ADDRESS THAN \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Cr. CL. C.			November 2020	- :	<u>:</u>		EB 17 PM 3: 06	6		
NAME OF OFFICE SOUGHT OR NELD Patricia Edwards STREET ADDRESS CA 93243 GITY STATE ZIP CODE 661.248.6441 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX /E-MAIL ADDRESS 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 LD. NUMBER COMMITTEE NAME AND LD. 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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Ci Executed on 02/14/2023	1.	Statement Covers Calendar Year 20 23				CAM	PAIGN FINANCE			
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CA 93243 GOTMAN - Los Angeles County Gotty STATE ZIP CODE		Patricia Edwards			School Board Pre	esident				
CA 93243 GOTTAN - Los Angeles County 661.248.6441 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX /E-MAILADDRESS 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 LD. 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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Ci C2/14/2023 Executed on By		STREET ADDRESS								
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