						•			
Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)		☐ Amendment (Explain Below)		Date Stamp RECEIVE LOS ANGELES	O BY	CALIFORNIA FORM 470 For Official Use Only	
	·					— 2023 JUL 25 / — CAMPAIGN FI	11 2: 13	017235	
1.	Statement Covers Calendar Year 20 23	•				BIGGE USURE S	ECTION .		
2.	Officeholder or Candidate Information			3.	Office Sought or H	leld	•		
	NAME OF OFFICEHOLDER OR CANDIDATE			 ,	OFFICE SOUGHT OR HELD				
	Melvin L Matthews STREET ADDRESS				Foothil Municipal W JURISDICTION (LOCATION)	ater District Board of I		sion 2 DISTRICT NUMBER	
					County of Los Angel	es	1	(IF APPLICABLE)	
	CITY	STATE	ZIP CODE						
	Pasadena AREA CODE/DAYTIME PHONE NUMBER	CA	91107 : FAX / E-MAIL ADDRESS						
	626-62-9137		thews@outlook.co						
_		memat	mews@oudook.co						
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		L	COMMITTE	E ADDRESS	·1	NAME OF TE	REASURER	
						· ·			
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 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 onDATE	<u> </u>			Bi		ANDIDATE		