

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

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S723

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
8/7/23
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CAMPAIGN FINANCE
DISCLOSURE SECTION

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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jennifer Freeman

STREET ADDRESS
Montrose

CITY Montrose STATE CA ZIP CODE 91020

AREA CODE/DAYTIME PHONE NUMBER (818) 388-1251 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Member Glendale Unified School District Governing Board

JURISDICTION (LOCATION)
Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)
A

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 31 July 2023
DATE

By _____