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5722

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

Date of election if applicable: (Month, Day, Year)  11/3/2020	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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**1. Statement Covers Calendar Year 20 22**

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Patricia Martinez-Miller

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
South Pasadena, CA 91030

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(310)420-9054

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
South Pasadena Unified School District

**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
N/A		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of th

Executed on July 23, 2022 DATE

By.