

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

7/27/21 (1)

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 2020-2021

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
BERLINDA BROWN

STREET ADDRESS

CITY PASADENA STATE CA ZIP CODE 91003

AREA CODE/DAYTIME PHONE NUMBER (626) 319-9883

OPTIONAL: FAX / E-MAIL ADDRESS Berlinda.T.Brown@GMAIL.COM

OFFICE SOUGHT OR HELD
PACCD BOARD OF TRUSTEES

JURISDICTION (LOCATION) PASADENA DISTRICT NUMBER (IF APPLICABLE) 3

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>NA</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 Berlinda Brown 7/26/2021

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form