

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 7/18/23 ① 2023 JUL 20 PM 2:22	For Official Use Only

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____

1. Statement Covers Calendar Year 20 23.

CAMPAIGN FINANCE
DISCLOSURE SECTION

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Jasmine A-young Park

STREET ADDRESS

CITY STATE ZIP CODE
Torrance CA 90504

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310) 753-3762

OFFICE SOUGHT OR HELD
Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Torrance 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

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 July 17, 2023
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE