Office belder and Candidate	Type or print in ink.		SHORT FORM	
Officeholder and Candidate Campaign Statement – Short Form Government Code Section 84206)			Date Stamp ಮೆ	CALIFORNIA 470
	Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	CII FEB 01	For Official Use Only
	3/5/20/3		TY CLERK	
I. Statement Covers Calendar Year 2	0 13.			
2. Officeholder or Candidate Informa	tion	3. Office Sought or I	Held	
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		-4 1/2
DEAN (30/EN		_ YUSD BOAND	OF EDUCATION	SATI/DISTAVET!
STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)
CITY CITY	STATE ZIP CODE	PASADIENA		
A TANONA CA	9/09/			
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRE	ESS		
626 385-1297	Cotechservi	czs@ larhlynk. Net		
1. Committee Information	adea that are primarily format	I to receive contributions or to make	e evnenditures on hehalf	of your candidacy
List all committees of which you have knowledge that are primarily formed		COMMITTEE ADDRESS	1 or The Country	
OUNDATE TO THE AREA TO THE TOTAL TO THE TOTA		COMMITTEE TODALES		
			·	
5. Verification				
I declare under penalty of perjury that to the b	est of my knowledge I anticip	pate that I will receive less than \$1,0	000 and that I will spend le	ess than \$1,000 during the
calendar year and that I have used all reason that the foregoing is true and/correct.	nable diligence in preparing th	nis statement. I certity under penali	y or pergary under the law	vs of the state of Camorna
12/4/2012		By Much	myse	
Executed on				