

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

400

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

11/03/2020

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20²¹ _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Patrick Cahalan

STREET ADDRESS

CITY STATE ZIP CODE
Pasadena CA 91104

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626.497.9254 pat.cahalan@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Pasadena Unified School District 4

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on 08/12/2021 _____
DATE

By: _____