

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

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

Date Stamp
8/24/22 (1)

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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
TINA FREDERICKS

STREET ADDRESS

CITY STATE ZIP CODE
PASADENA CA 91107

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(415) 572-3483

OFFICE SOUGHT OR HELD
BOARD MEMBER, PASADENA UNIFIED SCHOOL DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
PASADENA, SIERRA MADRE 6

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 information provided is true and correct.

Executed on 08/23/22
DATE

By _____
CANDIDATE