

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/27/21 (1)

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

Amendment (Explain Below)

Date Stamp  
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Scott Phelps

STREET ADDRESS

CITY Pasadena STATE CA ZIP CODE 91103

AREA CODE/DAYTIME PHONE NUMBER 626-720-2470 OPTIONAL: FAX / E-MAIL ADDRESS sfelps9@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Member of Board of Education

JURISDICTION (LOCATION) Pasadena USD DISTRICT NUMBER (IF APPLICABLE) 7

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 7/27/21  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE