

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

Ace

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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Date Stamp	CALIFORNIA FORM 470
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2022 AUG -3 PM 12:12	
CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22 .

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
6267989717 cahalan.patrick@pusd.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD
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
None		

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

Executed on 08/01/2022
DATE

By _____