

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

5723

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/24/23 2023 JUL 26 PM 2:37 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>470</b> For Official Use Only
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**1. Statement Covers Calendar Year 20** 23

**2. Officeholder or Candidate Information**

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**

**3. Office Sought or Held**

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 foregoing is true and correct.

Executed on 07/23/2023  
DATE

By \_\_\_\_\_  
DATE