

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

57-25

Date of election if applicable: (Month, Day, Year)  11   2020	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 28 PH 1:36 CAMPAIGN FINANCE ENCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only 0520871
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1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Edith Marcel

CITY Whittier STATE CA ZIP CODE 90606  
 AREA CODE/DAYTIME PHONE NUMBER 562-739-5708 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
Los Nietos School District

JURISDICTION (LOCATION) governing board member DISTRICT NUMBER (IF APPLICABLE)

**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
N/A		

**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

Executed on 7/28/23 DATE

By \_\_\_\_\_