

Officeholder and Candidate
Campaign Statement –
Short Form

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

11/03/2020

☐ Amendment (Explain Below)

7/19/21(3)
Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA
FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Matt W. Smith

STREET ADDRESS

CITY

San Gabriel

AREA CODE/DAYTIME PHONE NUMBER

(626) 286-8335

STATE

CA

ZIP CODE

91775

OPTIONAL: FAX / E-MAIL ADDRESS

mwsmit2@pacbell.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Temple City Unified School District Governing Board

JURISDICTION (LOCATION)

Temple City

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
Committee to Elect Matt W. Smith	San Gabriel, CA 19775	Janet Rhee

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 expend 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 St

Executed on 07/19/2021
DATE

By _____