

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

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

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<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>
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**1. Statement Covers Calendar Year 20** 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Cliff Numark

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Redondo Beach CA 90277

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
213-509-8374 cnumark@cliffnumark.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member, El Camino Community College District

JURISDICTION (LOCATION) <u>Los Angeles County</u>	DISTRICT NUMBER (IF APPLICABLE) <u>5</u>
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**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 c

Executed on 7/28/21 \_\_\_\_\_  
DATE

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