

7/21/21 ①

Officeholder and Candidate
Campaign Statement –
Short Form

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 2021

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christopher Trunkey

STREET ADDRESS

CITY STATE ZIP CODE
Santa Clarita CA 91390

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS
(310) 621-2794 trunkey@msn.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Saugus Union School District

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
No committees		

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 07/17/2021
DATE

By _____
DATE