

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

Date of election if applicable: (Month, Day, Year) <u>Nov. 8th 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp 4 DC RECEIVED BY LOS ANGELES COUNTY 2022 AUG -1 AM 9:00 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Estefany Castaneda
 STREET ADDRESS

CITY STATE ZIP CODE
Lennox CA 90304

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310) 200-1766 vote.castaneda@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Centinela Valley Union High School District Trustee No. 5

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 8/1/22
 DATE

By _____
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form