

Officeholder and Candidate
Campaign Statement -
Short Form

8/19/22³ ST2⁶

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

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
2022 AUG 22 AM 11:30
CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

020753

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Santa Clarita CA 91350

CITY STATE ZIP CODE

661-436-3516

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Santa Clarita Community College Trustee / School Board Member

JURISDICTION (LOCATION)

Santa Clarita

DISTRICT NUMBER

(IF APPLICABLE)

Area 3

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
Sebastian Cazares for School Board 2026 #1426645	Santa Clarita CA 91350	Sebastian Cazares

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 8/19/2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

(I was never notified of the due date or need for this form properly.)