Officeholder and Candidate Campaign Statement – Short Form				GOURECEIVED BY CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	CALIFORNIA 470 CALIFORNIA FORM For Official Use Only 2022 JUL 28 AM 8 53 021034	
		11/8/22		- CAMPAIGH FINANCE	
1.	Statement Covers Calendar Year 20 22	2.	•		
2.	Officeholder or Candidate Information		3. Office Sought or He	ld	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		
		RERAS	UTRUS CO JURISDICTION (LOCATION)	MMUNITY COLLEGE TRUSTEE	
	STREET ADDRESS	CA C	``A O = A	(JE APPLICABLE)	
	CA 91702 ARFA 1 STATE ZIP CODE				
	(626) 622-2863 Santhony contreras egmail. con AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/F-MAIL ADDRESS				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	145 09 most 11 0=17	•	
	626) 622-2863				
	ommittee Information				
	ist 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	
	<u> </u>				
_	Viet Control				
5.	Verification				
	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.				