

Officeholder and Candidate  
Campaign Statement –  
Short Form

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LOS ANGELES COUNTY  
2021 JUL 28 PM 2:22  
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①

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp <b>CAMPAIGN</b>	CALIFORNIA FORM 470 FEE BRIDGE USE ONLY  015720
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Laura L. Pearson

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

CITY STATE ZIP CODE  
Castaic Ca 91384

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX /E-MAIL ADDRESS  
661-904-5755 \_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
School Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER  
Castaic, California (IF APPLICABLE)

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
None		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

and that I have used

Executed on July 21, 2021  
DATE

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