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7/22/22 (1)

Officeholder and Candidate
Campaign Statement -
Short Form

2022 JUL 25^{Date Filed} PM 3:38
CALIFORNIA FORM 470

Date of election if applicable: (Month, Day, Year) 11-08-05	<input type="checkbox"/> Amendment (Explain Below) _____	CAMPAIGN FINANCE	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
Laura Pearson

STREET ADDRESS

CITY STATE ZIP CODE
Castaic CA 91384

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-904-5755 llpearson4@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee

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

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
N/A		

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

at I have used

Executed on 7/20/22 DATE