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7/18/22 (3)  
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Officeholder and Candidate  
Campaign Statement -  
Short Form

CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

Date of election if applicable: (Month, Day, Year)  11/03/2020	<input type="checkbox"/> Amendment (Explain Below)  _____ _____
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Suzan Teri Solomon</u>		
STREET ADDRESS _____		
CITY <u>Valencia</u>	STATE <u>CA</u>	ZIP CODE <u>91355</u>
AREA CODE/DAYTIME PHONE NUMBER _____		
OPTIONAL: FAX / E-MAIL ADDRESS _____		

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>Governing Board Member, Newhall Sch. Dist.</u>	
JURISDICTION (LOCATION) <u>Los Angeles County</u>	DISTRICT NUMBER (IF APPLICABLE) <u>Trustee Area #5</u>

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
<u>I have no committees at this time.</u>	_____	_____
_____	_____	_____

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 July 19, 2022  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE