

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 AUG -4 PM 12:15 CAMPAIGN FINANCE 8/2 JSPS	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sebastian Cazares

STREET ADDRESS
- CA

CITY STATE ZIP CODE
Santa Clarita CA 91350

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-430-3516

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Community College Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Santa Clarita 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
<u>Sebastian Cazares for School Board 2020</u> <u>#1426645</u>	<u>Santa Clarita CA</u> <u>91350</u>	<u>Sebastian Cazares</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 08/02/2021
DATE

By _____