

**Officeholder and Candidate
Campaign Statement –
Short Form**

5723

Date Stamp 7/20/23 (3)	CALIFORNIA FORM 470
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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____

CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JERRY DANIELSEN

STREET ADDRESS

CITY
601-713-3621

AREA CODE/DAYTIME PHONE NUMBER

STATE
CANON COUNTY CA

ZIP CODE
91387

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SANTA CLARITA COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES

JURISDICTION (LOCATION)
LOS ANGELES COUNTY

DISTRICT NUMBER (IF APPLICABLE)
AREA 4

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

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 real estate for my business. I certify under penalty of perjury under the laws of California that the information provided is true and correct.

Executed on 7/19/2023 at _____, California, by _____, Candidate