

5723

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11/3/20

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Edel Alonso; STREET ADDRESS; CITY: Valencia; STATE: CA; ZIP CODE: 91355; AREA CODE/DAYTIME PHONE NUMBER: (661) 713-8287

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Santa Clarita Community College District Board of Trustees, Member; JURISDICTION (LOCATION): Los Angeles County; DISTRICT NUMBER (IF APPLICABLE): Area 2

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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Two rows with 'None' and 'N/A' entries.

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 7/18/23 DATE

By \_\_\_\_\_