

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp <b>8/13/21</b>	<b>CALIFORNIA FORM 470</b>
RECEIVED BY <b>LOS ANGELES COUNTY</b>	For Official Use Only
<b>2021 AUG 16 PM 2:26</b>	
<b>CAMPAIGN FINANCE</b>	

Date of election if applicable: (Month, Day, Year)  NA	<input type="checkbox"/> <b>Amendment</b> (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Paul Solano

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
La Puente CA 91746

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-780-6950 psolano79@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Bassett Unified School District

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
NA - NONE	~A	NA

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ \_\_\_\_\_ 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 \_\_\_\_\_

Executed on 8/12/2021  
DATE

By \_\_\_\_\_