

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

Date of election if applicable:
(Month, Day, Year)
5-12-23

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2023 AUG 21 PM 12:31
**CAMPAIGN FINANCE
DISCLOSURE SECTION**

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Brett Roberts
STREET ADDRESS

CITY
Inglewood
AREA CODE/DAYTIME PHONE NUMBER
310-717-9166
STATE
CA
OPTIONAL: FAX/E-MAIL ADDRESS
90302

3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Camino Community College District Board
JURISDICTION (LOCATION)
El Camino College
DISTRICT NUMBER
(IF APPLICABLE)
Area One

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 all contributions and expenditures used all reasonable diligence in preparing this statement. I certify under penalty of perjury under

Executed on 8-18-23
DATE

Clear Form **Print Form**