Officeholder and Candidate			Date Stamp	ALICANIA ARA	
Campaign Statement – Short Form				CALIFORNIA 470	
Short Form	Date of election if applicable: (Month, Day, Year)		ARSELES COUNTY	For Official Use Only	
	10/6/20	1	APR 29 PH 4: 00 AMPAIGN FINANCE	021034	
1. Statement Covers Calendar Year 20 21					
2. Officeholder or Candidate Information	-	3. Office Sought or Hel	d		
Anthony Contrara	4	Citous Co	llege Trustee	. 3	
STREET ADDRESS		JURISDICTION (LOCATION) Area I	V	- DISTRICT NUMBER (IF APPLICABLE)	
#205A AREA CODE/DAYTIME PHONE NUMBER (626) 622-2863	STATE ZIPCODE CA 91702 OPTIONAL: FAX/E-MAIL ADDRESS CONTrovas Controsco	ilge.edu			
4. Committee Information List all committees of which you have knowledge	that are primarily formed to rec	eive contributions or to make expendit	ures on behalf of your candida	cy.	
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS		, NAME OF TREASURER	
•				_	
 Verification I declare under penalty of perjury that to the best of rall reasonable diligence in preparing this statement. 	ny knowledge I anticipate that I will I certify under penalty of perjury und	receive less than \$2,000 and that I will sne der the laws of the State of C	and less than \$2 000 during the ca	llendar year and that I have used	
Executed on 4 124/21 DATE		, By	VDIDAT	E	

4/27/21