

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

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020

**Amendment** (Explain Below)

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Date Stamp  
**RECEIVED BY  
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2021 JUL -1 AM 11:47  
**CAMPAIGN FINANCE**

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Suzan Teri Solomon

STREET ADDRESS

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CITY STATE ZIP CODE  
Santa Clarita CA 91355

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
661-993-9514

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member, Newhall Sch. Dist.

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles County Trustee Area #5

**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
<u>I have no committees at this time.</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ \_\_\_\_\_ and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

ndar year and that I have used

Executed on June 28, 2021  
DATE

By \_\_\_\_\_