

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

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
① 7/20/24
2024 JUL 22 PM 2:24
CAMPAIGN FINANCE

CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Laura L. Pearson
STREET ADDRESS

CITY STATE ZIP CODE

Castaic Ca 91384
AREA CODE/DAYTIME PHONE NUMBER

661-904-5755 OPTIONAL: FAX / E-MAIL ADDRESS

llpearson4@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Trustee
JURISDICTION (LOCATION)

Castaic, Ca DISTRICT NUMBER (IF APPLICABLE)

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>N/A</u>		

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 7-19-24
DATE

By - _____