

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

5724

Date of election if applicable:
(Month, Day, Year)
November 2024

Amendment (Explain Below)

477 Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Suzan Teri Solomon

STREET ADDRESS

CITY Santa Clarita STATE CA ZIP CODE 91355

AREA CODE/DAYTIME PHONE NUMBER 661-993-9514 OPTIONAL: FAX / E-MAIL ADDRESS suzantisolomon@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Newhall School District Governing Bd. Member

JURISDICTION (LOCATION) Los Angeles County, Newhall SD 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

Executed on June 5, 2024 DATE

By _____