

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

8/22/24 5147

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sebastian Cazares
STREET ADDRESS

CITY STATE ZIP CODE
Santa Clarita CA 91350
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Santa Clarita Community College District Trustee
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
North L.A. County - Area 3 Area 3

661-430/3516 + 310-625-1115 sebastiancmcazares@gmail.com

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>Sebastian Cazares for School Board 2020 - #1426645</u>	<u>Clarita, CA 91350</u>	<u>- Santa Sebastian Cazares</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 08/22/24
DATE

By _____
OFFICEHOLDER OR CANDIDATE