

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

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

---

**Amendment** (Explain Below)

---

RECEIVED BY  
LOS ANGELES COUNTY  
2024 AUG -9 PM 1:09  
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  
Matthew L. Watson

STREET ADDRESS

CITY Santa Clarita STATE CA ZIP CODE 91350

AREA CODE/DAYTIME PHONE NUMBER 661-212-2598 OPTIONAL: FAX / E-MAIL ADDRESS watson4susd@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee

JURISDICTION (LOCATION)  
Saugus Union School District

DISTRICT NUMBER (IF APPLICABLE) 4

**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

**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 8/9/24  
DATE

By \_\_\_\_\_