

Officeholder and Candidate  
Campaign Statement –  
Short Form

5724

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY <u>sw</u> COUNTY <u>(4)</u> 2024 MAY 8 PM 12:36 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021724
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
ERIN McKeon Wilson

CITY Santa Clarita STATE CA ZIP CODE 91387

AREA CODE/DAYTIME PHONE NUMBER 661-510-6635

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
SCHOOL BOARD TRUSTEE

JURISDICTION (LOCATION)  
WILLIAMS HART 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, all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I am not running for office during the calendar year and that I have used correct.

Executed on May 8, 2024 DATE

By \_\_\_\_\_ JR CANDIDATE