

Officeholder and Candidate
Campaign Statement –
Short Form

A-NAM A-NF TNE A-ETR A-N

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

☐ Amendment (Explain Below)

RECEIVED BY *SW*
LOS ANGELES COUNTY (9)

2024 AUG -8 PM 12:52

CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

021805

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jason Stebbings

STREET ADDRESS

CITY

Altadena

STATE

CA

ZIP CODE

91001

AREA CODE/DAYTIME PHONE NUMBER

(626) 424 2424

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Altadena Library Board of Trustees Dist. 2

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

2

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 August 2024

DATE

By

tm