

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/8/22</u>	☐ Amendment (Explain Below) _____ _____
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Date Stamp RECEIVED BY LOS ANGELES CO 2022 JUL 28 AM 8:53 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021034
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ANTHONY CONTRERAS

STREET ADDRESS

522 E HOLLYVALE ST. CA 91702

CITY AZUSA

STATE

ZIP CODE

(626) 622-2863

AREA CODE/DAYTIME PHONE NUMBER

626) 622-2863

santhonycontreras@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITRUS COMMUNITY COLLEGE TRUSTEE

JURISDICTION (LOCATION)

AREA 1

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

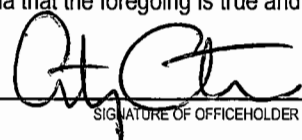
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 7/28/22
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE