# Officeholder and Candidate Campaign Statement - Short Form

| Date of election if applicable: (Month, Day, Year) | ☐ Amendment (Explain Below) | Date Stamp | CALIFORNIA FORM 470 |
|---|---|---|---|
| 5-12-23 | | RECEIVED BY LOS ANGELES COUNTY 2023 AUG 21 PM 12:31 CAMPAIGN FINANCE DISCLOSURE SECTION | For Official Use Only |

1. **Statement Covers Calendar Year 20** 23.

## 2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Brett Roberts

STREET ADDRESS

CITY: Inglewood, STATE: CA ZIP CODE: 90302

AREA CODE/DAYTIME PHONE NUMBER: 310-717-9166

OPTIONAL: FAX / E-MAIL ADDRESS

## 3. Office Sought or Held

OFFICE SOUGHT OR HELD
El Camino Community College District Board

JURISDICTION (LOCATION)
El Camino College

DISTRICT NUMBER (IF APPLICABLE)
Area One

## 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 l
used all reasonable diligence in preparing this statement. I certify under penalty of perjury under

Executed on 8-18-23
DATE

Clear Form | Print Form