

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

5727

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

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Estefany Castaneda

CITY STATE ZIP CODE
Lennox CA 90304

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310) 200-1766 vote.castaneda@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Centinela Valley Union High School District Trustee No. 5

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

during the calendar year and that I have used id correct.

Executed on 7/16/24
DATE

By _____
OFFICEHOLDER OR CANDIDATE