

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

5723

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY (47M) 2024 JUL 16 PM 4:52 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only 020483</p>
---------------------------------------------------------------	------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Estefany Castaneda

OFFICE SOUGHT OR HELD

Centinela Valley Union High School District Trustee No. 5

CITY

Lennox

STATE

CA

ZIP CODE

90304

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER
(IF APPLICABLE)

AREA CODE/DAYTIME PHONE NUMBER

(310) 200-1766

OPTIONAL: FAX / E-MAIL ADDRESS

vote.castaneda@gmail.com

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 7/16/24 DATE

By _____ DATE