

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

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

11/3/2026

Amendment (Explain Below)

Date Stamp
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CAMPAIN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 ²⁴ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Zurich Z. Lewis

STREET ADDRESS

CITY STATE ZIP CODE
La Mirada CA 90638

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-293-4073 goldenstatesman@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Boardmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Cerritos Community College District 7

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
n/a	n/a	n/a

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 th

Executed on 10/08/2024 DATE

By _____