

Officeholder and Candidate
Campaign Statement –
Short Form

5724

Date Stamp RECEIVED BY LOS ANGELES COUNTY 465 2024 JUL 17 AM 11:4 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 019879
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Date of election if applicable: (Month, Day, Year) <u>11/5/2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
EDEL ALONSO

STREET ADDRESS

CITY STATE ZIP CODE
VALENCIA CA 91355

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(661) 713-8287 EAandCA@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
MEMBER OF THE BOARD OF TRUSTEES

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SANTA CLARA COMMUNITY COLLEGE DISTRICT 2

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 7/17/24 DATE By _____