

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

5724

① 08/16/2024
Date Stamp

Date of election if applicable: (Month, Day, Year)	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>NO LONGER A</u> <u>BOARD member</u>	RECEIVED BY LOS ANGELES COUNTY AUG 19 PM 12: 08 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021420
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1. Statement Covers Calendar Year 20 24

Resigned June 27, 2024

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Charles Lyon

STREET ADDRESS

CITY SANTA CLARITA STATE CA ZIP CODE 91381

AREA CODE/DAYTIME PHONE NUMBER 661-433-8833 OPTIONAL: FAX / E-MAIL ADDRESS CHUCKLYON12@GMAIL.COM

OFFICE SOUGHT OR HELD
BOARD OF TRUSTEE'S

JURISDICTION (LOCATION) SANTA CLARITA COMMUNITY COLLEGE SCHOOL DISTRICT

DISTRICT NUMBER (IF APPLICABLE)

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
<u>NONE</u>		

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 8.14.24 DATE

By _____