Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNTY		
			_	_ ZUZI AUG 27 PA	1 4:5	
1.	Statement Covers Calendar Year 20	•		CAMPAIGN FIN	IANCE	
2.	Officeholder or Candidate Information		3. Office Sought or He	eld		
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	1		
	Laura Santos		Trustee, Mt San Anton	Trustee, Mt San Antonio College		
	STREET ADDRESS	194 w	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
- : }		March 1	Mt San Antonio Colle	ege	3	
	GITY	STATE ZIP CODE				
	Bassett CA 91746					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAILADDRESS	S	3		
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	
	none				1	
			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 the S					
	Executed on Olly 1, 200	V	Ву	SIGNATURE OF OFFICEHOLDER OF	R CANDIDATE	