

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

Date of election if applicable: (Month, Day, Year) N/A	<input type="checkbox"/> Amendment (Explain Below) N/A
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1. Statement Covers Calendar Year 20 21

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 Board of Trustees Santa Clarita Community College District Area 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Los Angeles County

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
COMMITTEE 2 ELECT EDEL ALONSO 4 BOARD OF TRUSTEES SANTA CLARITA COMMUNITY COLLEGE DISTRICT AREA 2	Committee was terminated 02/01/21	Jeffrey Stabile Sr.

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 09/03/2021 DATE

By _____

 JR CANDIDATE