

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

400

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 AUG 10 PM 4:52  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Estefany Castañeda

STREET ADDRESS

CITY Inglewood STATE CA ZIP CODE 90304

AREA CODE/DAYTIME PHONE NUMBER (310) 200-1766 OPTIONAL: FAX / E-MAIL ADDRESS estefanyacc192@gmail.com

OFFICE SOUGHT OR HELD  
Centinela Valley Union H.S. District Trustee #5

JURISDICTION (LOCATION)  
Los Angeles

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

**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 08/10/21  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE