

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp	CALIFORNIA FORM 470
RECEIVED	For Official Use Only
AUG 02 2022	
By	

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)
11-8-22	

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <i>Alexa Jean Horne</i>		OFFICE SOUGHT OR HELD <i>Trustee</i>	
STREET ADDRESS [REDACTED]		JURISDICTION (LOCATION) <i>McLade Elementary School</i>	
CITY <i>San Jose</i>	STATE <i>CA</i>	DISTRICT NUMBER (IF APPLICABLE)	
ZIP CODE [REDACTED]	OPTIONAL: FAX / E-MAIL ADDRESS		

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
<i>N/A</i>		

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 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	By
[REDACTED]	[REDACTED]
DATE	
<i>1/30/22</i>	