

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

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

Nov 23, 2020

Amendment (Explain Below)

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CAMPAIGN FINANCE

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CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Charles Caspary

STREET ADDRESS

CITY

Calabasas,

AREA CODE/DAYTIME PHONE NUMBER

818 384-4074

STATE

Calif

OPTIONAL: FAX / E-MAIL ADDRESS

charlescaspary@gmail.com

ZIP CODE

91302

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director, Division 1, Las Virgenes Municipal Water District

JURISDICTION (LOCATION)

Los Angeles County

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
NONE		
NONE		

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 in contributions 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 I have used this form for the calendar year and that I have used it.

Executed on

August 4, 2021

DATE

By

DATE