Officeholder and Candidate Campaign Statement – Short Form				Date Stamp OFFICE	CALIFORNIA 470 FOR Official Use Only	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)			
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1.	Statement Covers Calendar Year 20 23				NECE NGE 14 P' IGN OSUR	
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE John Paylon Richard STREET ADDRESS Castaic, CA 91384 AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	3. Office Sought of OFFICE SOUGHT OR HELD School JURISDICTION (LOCATION) Ca Sta)	Boold Trustee	STEP SET STEP SET STEP SET	
4.	Committee Information List all committees of which you have knowledge that are primarily formed to recommittee NAME AND I.D. NUMBER		/		n behalf of your candidacy. NAME OF TREASURER	
5.	Verification I declare under penalty of perjury that to the best of nall reasonable diligence in preparing this statement. Executed on	ny knowledge I anticipate that I will I certify under penalty of perjury un	receive less than \$2,000 and that I will der the laws of the State of California	vill spend less than \$2,000 during the a that the foregoing is true and correct	calendar year and that I have used	