

5722

Officeholder and Candidate Campaign Statement - Short Form

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

Amendment (Explain Below)

Date Stamp

RECEIVED BY LOS ANGELES COUNTY 8/15/22 2022 AUG 17 AM 11:38 CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE Timene Maxon

STREET ADDRESS Castaic CA 91384

CITY STATE ZIP CODE

661-257-3014

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held School

OFFICE SOUGHT OR HELD Board Member

JURISDICTION (LOCATION) Castaic USD 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
<u>N/A</u>		

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 8/10/2022 DATE

By _____ OFFICEHOLDER OR CANDIDATE