

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

7/7/23
RECEIVED BY
LOS ANGELES COUNTY

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

Amendment (Explain Below)

Date Stamp
2023 JUL 10

CALIFORNIA
FORM 470

For Official Use Only

CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23 013751

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Charles Caspary

STREET ADDRESS

CITY STATE ZIP CODE
Calabasas CA 91302

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
818-384-4074 charlescaspary@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director, Division 1, Las Virgenes Municipal Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 ID. 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 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

Executed on July 6, 2023 DATE By _____

† (Jan/2016)
#8/275-3772
#ppc.ca.gov

EWL ✓