

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

8121 11/30/21 (U) S

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE**

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 21.

2. **Officeholder or Candidate Information** John Dighton Richard
NAME OF OFFICEHOLDER OR CANDIDATE

Castaic CA 91384
CITY STATE ZIP CODE

661-312-5829
AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held** School Board Member (Trustee)
OFFICE SOUGHT OR HELD

Castaic Union School District
JURISDICTION (LOCATION)

Castaic
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

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 7/30/21 DATE

By _____