

Officeholder and Candidate  
Campaign Statement –  
Short Form

8/26/21<sup>(1)</sup>

Date Stamp

CALIFORNIA FORM 470

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

Dec. 218

Amendment (Explain Below)

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2021 AUG 31 PM 3: 27  
CAMPAIGN FINANCE

For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Brian D Walters

STREET ADDRESS

CITY

Valencia

STATE

CA

ZIP CODE

91355

AREA CODE/DAYTIME PHONE NUMBER

(661) ~~291-4100~~ 291-4100

OPTIONAL: FAX / E-MAIL ADDRESS

bwalters@newhall.scl.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Newhall School District

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		

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 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 information provided is true and correct.

during the calendar year and that I have used and correct.

Executed on

8/26/21

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE