

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period
from 07/04/2021
through 12/31/2021

Date of election if applicable:
(Month, Day, Year)
07/20/2021

Date Stamp
gw (4)
RECEIVED BY
LOS ANGELES COUNTY
2022 FEB -1 PM 3:16

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Amendment of original Signature

3. Committee Information

I.D. NUMBER
1438166

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

RICHARD LEGASPI FOR SCHOOL BOARD 2021

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NORWALK CA 90650 562-900-5722

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

VOTE.4.LEGASPI@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

NATALIE LEGASPI

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NORWALK CA 90650 562-400-5722

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is

Executed on 01/30/2022
Date

By _____
Treasurer

Executed on 01/30/2022
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent