

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

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Date of election if applicable:
(Month, Day, Year)
Nov 8, 2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tracy Ford

STREET ADDRESS

CITY
Castaic

STATE
CA

ZIP CODE
91384

AREA CODE/DAYTIME PHONE NUMBER
918 224 4617

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee Area 2

JURISDICTION (LOCATION)
Castaic Union 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

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Ca

endar year and that I have used

Executed on 9/29/22
DATE

By _____