

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

5123 8/23/23 (1)

Date of election if applicable:
(Month, Day, Year)
11/4/2022

Amendment (Explain Below)

Date Stamp
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2023 AUG 25 AM 10:55
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Phillip Simon Wright

STREET ADDRESS

CITY West Covina STATE CA ZIP CODE 91791

AREA CODE/DAYTIME PHONE NUMBER (626) 825-5417 OPTIONAL: FAX / E-MAIL ADDRESS Simonwright@c-vusd.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee

JURISDICTION (LOCATION) Area 4 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 LD. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>None</u>		

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 information provided is true and correct.

Executed on 7/31/2023 DATE

By _____ HOLDER OR CANDIDATE

Clear Form **Print Form**