

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

7/22/22 (D) 5722

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____ _____	_____ _____

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 25 PM 3:38 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 019997
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Frederick D. Malcomb Jr.		
STREET ADDRESS		
CITY	STATE	ZIP CODE
Castaic	CA	91384
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
661-810-4540		fmalcomb@castaicusd.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Castaic USD School Board Trustee	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Castaic	

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
N/A	N/A	N/A
N/A	N/A	N/A

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 21 July 2022
DATE

By _____
OF OFFICEHOLDER OR CANDIDATE