

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

5723

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

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
7/26/23  
2023 JUL 28 PM 2:47  
CAMPAGN FINANCE  
DISCLOSURE SECTION

CALIFORNIA FORM 470  
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020880

1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Elizabeth Janene Maxon

STREET ADDRESS  
Castaic CA 91384

CITY  
661-210-7249

STATE ZIP CODE  
CA 91384

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
Board of Trustees Member

JURISDICTION (LOCATION)  
Castaic Union

DISTRICT NUMBER (IF APPLICABLE)  
School District - Los Angeles County


**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
<u>N/A</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 foregoing is true and correct.

Executed on  7/19/2023  
DATE

RE OF OFFICEHOLDER OR CANDIDATE