

Officeholder and Candidate
Campaign Statement –
Short Form

7/29/24 ①

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

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Elizabeth Janene Maxon

STREET ADDRESS
Castaic, CA

CITY STATE ZIP CODE
Castaic, CA

AREA CODE/DAYTIME PHONE NUMBER
661-210-7249

OPTIONAL: FAX / E-MAIL ADDRESS
91384

OFFICE SOUGHT OR HELD
Board of Trustees Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Castaic Union School District LA 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 7/29/2024
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE