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6/10/24
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Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	CALIFORNIA FORM 470 For Official Use Only
		013751

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Charles Casparly

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Calabasas CA 91302

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX/E-MAIL ADDRESS
818-251-2100

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director, Division 1, LAS VIRGENES MUNICIPAL WATER DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
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
NONE		
NONE		

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 in contributions 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 on this statement is true and correct.

Executed on June 8, 2024 DATE By [REDACTED]