

Officeholder and Candidate
Campaign Statement –
Short Form

7/25/24 (1)

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

11/8/2022

Amendment (Explain Below)

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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

NAME OF OFFICEHOLDER OR CANDIDATE
RICHARD CORADESCHI

STREET ADDRESS

CITY STATE ZIP CODE
AGOURA HILLS CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
3233635263 acorad@earthlink.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Las Virgenes Municipal Water District Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles and Ventura Counties

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	none
none	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 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 in this statement is true and correct.

Executed on 7/24/2024
DATE

By _____