

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

7/5/22
①

5722

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

Nov 23, 2020

Amendment (Explain Below)

Date Stamp

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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Charles Caspary

STREET ADDRESS

CITY STATE ZIP CODE

Calabasas CA 91302

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

818-384-4074 charlescaspary@gmail.com

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 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 I have used

ndar year and that I have used

Executed on June 25, 2022
DATE

By _____