

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

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

Amendment (Explain Below)

Date Stamp
8/11/21

**RECEIVED BY
LOS ANGELES COUNTY**

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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Janene Maxon

STREET ADDRESS

CITY Castaic STATE CA ZIP CODE 91384

AREA CODE/DAYTIME PHONE NUMBER 661 210 7249 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

Board Member

OFFICE SOUGHT OR HELD
Castaic Union School Dist.

JURISDICTION (LOCATION) LA County DISTRICT NUMBER (IF APPLICABLE)

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

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 9/10/2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form