

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

	Date Stamp	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
Date of election if applicable: (Month, Day, Year)	RECEIVED BY LOS ANGELES COUNTY 2021 AUG 27 PM 2:38 CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Joan Whaling MacGregor

STREET ADDRESS

CITY STATE ZIP CODE

Santa Clarita, CA 91321

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

661-252-0501

JOANMACGREGOR@AOL.COM

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Santa Clarita Community College Trustee

JURISDICTION (LOCATION)

Santa Clarita

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
None- Just \$400 per month stipend received from District		

**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 August 24, 2021  
DATE

By \_\_\_\_\_

Clear Form

Print Form