7/7/23

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LOS ANGELES COUNTY

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		2023 JUL 10	For Official Use Only
		CAMPAIGN FINANCE DISCLOSURE SECTION	

013751

1. Statement Covers Calendar Year 20 23

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 $2,0 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the Sta

I have used

Executed on July 6, 2023 (DATE) By

t (Jan/2016)
916/275-3772)
fppc.ca.gov