

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

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Date of election if applicable:  
(Month, Day, Year)  
Nov. 8, 2022

Amendment (Explain Below)

Date Stamp	RECEIVED BY LOS ANGELES COUNTY ④ TM 2022 AUG 10 PM 4:38 CAMPAIGN FINANCE	CALIFORNIA FORM	470
		For Official Use Only	

1. Statement Covers Calendar Year 20 22

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Brian D Walters

STREET ADDRESS

CITY Valencia STATE CA ZIP CODE 91355

AREA CODE/DAYTIME PHONE NUMBER (661) 291-4000 OPTIONAL: FAX / E-MAIL ADDRESS bwalters@newhallsd.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member, Trustee Area No 1

JURISDICTION (LOCATION) Newhall School District DISTRICT NUMBER (IF APPLICABLE) 1

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
<u>n/g</u>		

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of Califo

ring the calendar year and that I have used d correct.

Executed on 8/10/2022 DATE

By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER OR CANDIDATE