

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

Date of election if applicable: (Month, Day, Year) <u>11-08-2022</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 AUG -4 PM 3:52 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 003132
--	---	--	---

1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOAN WALING MACGREGOR

STREET ADDRESS
SANTA CLARITA

CITY
SANTA CLARITA

STATE
CA

ZIP CODE
91321

AREA CODE/DAYTIME PHONE NUMBER
SANTA CLARITA

OPTIONAL FAX / EMAIL ADDRESS
joanmacgregor@aol.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SANTA CLARITA Community College

JURISDICTION (LOCATION)
Trustee AREA 5

DISTRICT NUMBER (IF APPLICABLE)
5

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
N/A		

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 8-04-2022
DATE

B