

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

Date of election if applicable:
(Month, Day, Year)
11/4/22

Amendment (Explain Below)

3773

8/25/23
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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Phillip Simon Wright

STREET ADDRESS

CITY West Covina STATE CA ZIP CODE 91791

AREA CODE/DAYTIME PHONE NUMBER (626) 825-5417 OPTIONAL: FAX/ E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee, Covina - Valley Unified School District

JURISDICTION (LOCATION) Area 4 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
<u>N/A</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 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 information provided is true and correct for the calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on 7/31/2022 DATE By _____ DATE

Clear Form Print Form