

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

8/13/24

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp

RECEIVED
LOS ANGELES COUNTY For Official Use Only

2024 AUG 15 AM 11:59

CAMPAIGN FINANCE

CALIFORNIA FORM 470

1. Statement Covers Calendar Year 20 24

020037

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MAYREEN BURK

CITY CASTAIC STATE CA ZIP CODE 91384

AREA CODE/DAYTIME PHONE NUMBER 310-738-4432

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD MEMBER

JURISDICTION (LOCATION) CASTAIC UNION SCHOOL DISTRICT

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>NONE</u>	<u>N/A</u>	<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 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 8-12-2024 DATE

By _____