

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

Date Stamp

**RECEIVED BY
LOS ANGELES COUNTY
07/18/24
2024 JUL 22 PH 2:16
CAMPAIGN FINANCE**

**CALIFORNIA
FORM 470**

For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

<p>2. Officeholder or Candidate Information</p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>Frederick D. Malcomb Jr.</u></p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP CODE <u>CASTAIC CA 91384</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>661 810 4540 Fmalcomb@castaicusd.com</u></p>	<p>3. Office Sought or Held</p> <p>OFFICE SOUGHT OR HELD <u>CASTAIC USD School Board TRUSTEE</u></p> <p>JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) <u>CASTAIC</u></p>
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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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</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 17 July 2024 DATE

By _____ E OF OFFICEHOLDER OR CANDIDATE