

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

5724

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 30 AM 11:55 CAMPAIGN FINANCE 7/26/24	CALIFORNIA FORM 470
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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
John Phillip Simon Wright

STREET ADDRESS

CITY STATE ZIP CODE
West Covina CA 91791

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626 825-5417 simonwright@c-vusd.org

OFFICE SOUGHT OR HELD
Covina-Valley Unified School District Trustee Area 4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Covina- Valley Unified School District

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

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

Executed on 7/22/2024 DATE By _____ DATE