

Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

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

11/05/2024

Amendment (Explain Below)

Date Stamp

E-Filed
10/03/2024
12:50:42

Filing ID:
212235889

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Dan Gould

STREET ADDRESS

CITY

Wrightwood

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

92397

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Wrightwood Community Services District

JURISDICTION (LOCATION)

Los Angeles County

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

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 10/03/2024
DATE

By Dan Gould
SIGNATURE OF OFFICEHOLDER OR CANDIDATE