

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

412

Date of election if applicable:  
(Month, Day, Year)  
11/15/24

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**RECEIVED BY  
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2024 JUL 19 AM 11:48  
CAMPAIGN FINANCE**

**CALIFORNIA FORM 470**  
For Official Use Only  
021743

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Erik Richardson  
STREET ADDRESS  
12 \_\_\_\_\_ Castaic CA 91384  
CITY STATE ZIP CODE  
651-510-2222  
AREA CODE/DAYTIME PHONE NUMBER  
erik.richardson17@yahoo.com  
OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board member  
JURISDICTION (LOCATION)  
Castaic Union School District  
DISTRICT NUMBER (IF APPLICABLE)  
A

**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 7/19/24  
DATE