

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

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SANTA MONICA, CALIF.

**CALIFORNIA  
FORM 470**  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
Nov 4, 2014

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 16.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
CRAIG FOSTER  
STREET ADDRESS  
  
CITY Malibu STATE CA ZIP CODE 90265  
AREA CODE/DAYTIME PHONE NUMBER 310 863-1157  
OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
SCHOOL BOARD MEMBER  
JURISDICTION (LOCATION) Santa Monica - Malibu Unified DISTRICT NUMBER (IF APPLICABLE)  
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
<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 July 26, 2010  
DATE

By CH FOSTER  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Clear Form** **Print Form**