

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

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CALIFORNIA FORM 470
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Date of election if applicable: (Month, Day, Year)
Nov 4, 2014

Amendment (Explain Below) 2010 JUL 30 PM 5:12
SANTA MONICA, CALIF.

1. Statement Covers Calendar Year 20 17

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 UNITED SCHOOL DISTRICT

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
<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, 2018 DATE

By C/F Foster SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form