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LOS ANGELES COUNTY

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) 11-3-20	<input type="checkbox"/> Amendment (Explain Below)	2021 JUL 28 PM 3 CALIFORNIA FORM 470 CAMPAIGN FINANCE For Official Use Only
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1. Statement Covers Calendar Year 20 21.

<p>2. Officeholder or Candidate Information</p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>Sharon Vega</u></p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP CODE <u>Palmdale, CA 93552</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS <u>661-433-2501 savega@palmdalesd.org</u></p>	<p>3. Office Sought or Held</p> <p>OFFICE SOUGHT OR HELD <u>Trustee</u></p> <p>JURISDICTION (LOCATION) DISTRICT NUMBER (APPLICABLE) <u>Palmdale School District</u></p>
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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>None</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, 2021 By _____