

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

5722

Date of election if applicable:  
(Month, Day, Year)  
11-8-22

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

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
④ NG  
2022 JUL 18 AM 10:29  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only  
019105

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Angela Cutbill  
STREET ADDRESS  
\_\_\_\_\_  
CITY Agoura Hills STATE CA ZIP CODE 91301  
AREA CODE/DAYTIME PHONE NUMBER 818 326 1455 OPTIONAL: FAX / E-MAIL ADDRESS angela.cutbill@mac.com

OFFICE SOUGHT OR HELD  
School Board Member  
JURISDICTION (LOCATION)  
Las Virgenes USD 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 7-18-22  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

EW ✓