

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

0218

Date of election if applicable:  
(Month, Day, Year)  
Nov 08, 2022

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
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2022 AUG 12 PM 1:54  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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019874

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
OLLIE M. McCAULLEY  
STREET ADDRESS  
  
CITY STATE ZIP CODE  
PALMDALE CA 93551  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
661-965-6130 olliemccaulley@gmig.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
ANTELOPE VALLEY HEALTH CARE DISTRICT MEMBER,  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
ANTELOPE VALLEY

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 12 August 2022  
DATE  
12 AUGUST 2022  
ma

By \_\_\_\_\_

ISSUANCE OF PERMITS