

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

STAD (Add N 5124)

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

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
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CAMPAIGN FINANCE**

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Anthony Hunt

STREET ADDRESS

CITY

Palmdale

AREA CODE/DAYTIME PHONE NUMBER

6618393844

STATE

CA

ZIP CODE

93552

OPTIONAL: FAX / E-MAIL ADDRESS

alhunt@palmdalesd.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Los Angeles County/Palmdale 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

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

Executed on 01/27/2023
DATE

By _____