

No Postmark 5722

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

(Government Code Section 84206)

Type or print in ink.

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

Amendment (Explain Below)

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CAMPAIGN FINANCE

SHORT FORM  
CALIFORNIA FORM 470  
For Official Use Only  
012099

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL R. ADAMS

STREET ADDRESS

CITY STATE ZIP CODE

Palmdale CA 93551

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL; FAX / E-MAIL ADDRESS

661 224 1211

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope Valley Community College District  
Governing Board Member

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)

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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
N/A		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 7-19-22 DATE

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