

Officeholder and Candidate
Campaign Statement –
Short Form

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

11/5/24

☐ Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA
FORM 470

For Official Use Only

021843

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Laura K. Giles

STREET ADDRESS

CITY

Lancaster

STATE

CA

ZIP CODE

93534

AREA CODE/DAYTIME PHONE NUMBER

661 675 5727

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope Valley Joint Union H.S. District

JURISDICTION (LOCATION)

LA county

DISTRICT NUMBER
(IF APPLICABLE)

Inside Area 2

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 Calif

Executed on

8/12/24
DATE

By

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