

Officeholder and Candidate  
Campaign Statement -  
Short Form

8/12/21 (1)

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

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Amendment (Explain Below)

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Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 AUG 16 PM 2:30  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Dallas Lawrence

STREET ADDRESS  
Calabozos

CITY STATE ZIP CODE  
CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/ E-MAIL ADDRESS  
202 294 3209

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
LVUSD Board of Education

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
LVUSD

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
<u>None</u>		

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 8/11/21 DATE