

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

Date Stamp RECEIVED BY LOS ANGELES COUNTY ① 08/24/2022 2022 AUG 26 AM 11:26 CAMPAIGN FINANCE	CALIFORNIA FORM 470
<small>For Official Use Only</small>	

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11-08-2022</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diane V. Grooms

STREET ADDRESS

CITY STATE ZIP CODE
Lancaster CA 93534

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-435-9743 dvgrooms@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Lancaster School District, Governing Board, Trustee Area Four

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lancaster 620880

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 \$2,000 in contributions and 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 information provided is true and correct.

Executed on 8-23-2022 By _____
DATE