

5721

Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 64208)

Type or print in ink.

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CAMPAIGN FINANCE

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

012099

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MICHAEL R. ADAMS

STREET ADDRESS

CITY

Palmdale

STATE

CA

ZIP CODE

93551

AREA CODE/DAYTIME PHONE NUMBER

661 224 1211

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope Valley Community College
District Governing Board

JURISDICTION (LOCATION)

Los Angeles / Kern Counties

DISTRICT NUMBER (IF APPLICABLE)

4

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 7-17-21 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE