

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

7/31/21 (1) T

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

November 5, 2018

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2021 AUG -2 PM 4: 25
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
Doretta N. Thompson

STREET ADDRESS

CITY STATE ZIP CODE
Lancaster CA 93535

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-522-1164 Shasta0531@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Antelope Valley ESUSD K-12

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
None		
None		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$ _____ per year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the _____

Executed on July 19, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE