

Officeholder and Candidate Campaign Statement - Short Form

① 7/26/22

Date of election if applicable:
(Month, Day, Year)
~~Nov 8, 2022~~

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

Statement Covers Calendar Year 20 22

1. Officeholder or Candidate Information
 NAME OF OFFICEHOLDER OR CANDIDATE
Georgia Halliman
 STREET ADDRESS
 CITY Little Rock STATE CA ZIP CODE 93543
 AREA CODE/DAYTIME PHONE NUMBER 661-618-5651 OPTIONAL: FAX / E-MAIL ADDRESS hallimang@gmail.com

3. Office Sought or Held
 OFFICE SOUGHT OR HELD
Keppel Union School Board Member
 JURISDICTION (LOCATION) LA County DISTRICT NUMBER (IF APPLICABLE)

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
<i>N/A</i>		

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 7-25-2022 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form