

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

08/07/2023
Date Stamp

**CALIFORNIA
FORM 470**
For Official Use Only

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

Amendment (Explain Below)
2023 AUG -9 AM 11:19
CAMPAGN FINANCE
DISCLOSURE SECTION

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DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dallas Lawrence
STREET ADDRESS
Dallas Lawrence
CITY
Calabasas
STATE
CA
ZIP CODE
91301
AREA CODE/DAYTIME PHONE NUMBER
202 2943209
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LVUSD Board of Education
JURISDICTION (LOCATION)
Los Angeles Unified School Dist.
DISTRICT NUMBER
(IF APPLICABLE)

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

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 [Signature] DATE 8/1/23

By _____ DATE _____