

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

5724

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY 7/19/24 2024 JUL 22 PM 2:17	For Official Use Only 012099
CAMPAIGN FINANCE	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____
_____	_____

1. Statement Covers Calendar Year 20 24

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
661-361-3135

OPTIONAL: FAX / E-MAIL ADDRESS
michael.adams@avc.edu

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member, Antelope Valley Community College Dis

JURISDICTION (LOCATION)
Los Angeles County

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
<u>N/A</u>		

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 1-18-24 DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE