

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

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

Amendment (Explain Below)

Date Stamp
7/20/24

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LOS ANGELES COUNTY

2024 JUL 23 AM 11:11

CAMPAIGN FINANCE

CALIFORNIA FORM 470

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
STEVE BUFFALO

STREET ADDRESS

CITY QUARTZ HILL STATE CA ZIP CODE 93536

AREA CODE/DAYTIME PHONE NUMBER 661-902-3503

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ANTELOPE VALLEY Community College Trustee

JURISDICTION (LOCATION)
Los Angeles County

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 | 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 7-20-24 DATE

OFFICEHOLDER OR CANDIDATE