

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

5724

07/20/2024  
Date Stamp

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LOS ANGELES COUNTY  
2024 JUL 22 PM 2:26  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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019124

Date of election if applicable:  
(Month, Day, Year)  
*Semi-Annual Filing 2024 First half*

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Barbara Graines

STREET ADDRESS

CITY STATE ZIP CODE  
Quartz Hill CA 93536

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(661) 400-1264

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Antelope Valley Community College Board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Antelope Valley - LA County 5

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>No Committees</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 July 20, 2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE