

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

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY LOS ANGELES COUNTY 07/31/24 2024 AUG -2 PM 3:00	For Official Use Only

Date of election if applicable: (Month, Day, Year)  <u>11/03/2020</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below) <hr/> <hr/>
--	--

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Michelle Harvey

STREET ADDRESS  
Palmdale

CITY  
Palmdale

STATE  
CA

ZIP CODE  
93551

AREA CODE/DAYTIME PHONE NUMBER  
818-299-0642

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Antelope Valley Community College Trustee

JURISDICTION (LOCATION)  
Area I - Lancaster

DISTRICT NUMBER (IF APPLICABLE)  
1

**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>Dissolved - 0001434175</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 7/31/2024 By \_\_\_\_\_

DATE