

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

RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUL 31 AM 10:28

7/30/24 ON.

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 019998
---	--	--------------------------------	--

1. Statement Covers Calendar Year 20<sup>24</sup>

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Duane G Winn

STREET ADDRESS

CITY STATE ZIP CODE  
Lancaster Ca 93535

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX /E-MAIL ADDRESS  
6619428868

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Lancaster School District Area 2

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I am the person who prepared this statement and that I have used \_\_\_\_\_ per year and that I have used \_\_\_\_\_

Executed on 7/24/2024 DATE

By \_\_\_\_\_