

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

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

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LOS ANGELES COUNTY
③ 7/29/24
2024 AUG -1 PM 3:10

CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Anthony Hunt

STREET ADDRESS

CITY STATE ZIP CODE
Palmdale CA 93552

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-393-3814 alhunt@palmdalesd.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA County / Palmdale School Dist.

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 \$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 _____ ct.

Executed on 7/28/2024
DATE

By _____
DATE