

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

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

Amendment (Explain Below)

Date Stamp
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2024 JUL 30 PM 12:02
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sharon Vega

CITY Palmdale, CA STATE CA ZIP CODE 93552

AREA CODE/DAYTIME PHONE NUMBER 661-433-2501 OPTIONAL: FAX / E-MAIL ADDRESS Sharon.Vega52@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Palmdale School District Governing Board

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)
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
<u>None</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 26, 2024
DATE