

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

5724

① 07/22/2024

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

Amendment (Explain Below)

Date Stamp

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LOS ANGELES COUNTY
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 24. 01/01/2024 to 06/30/2024

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Victoria Leilani Green

STREET ADDRESS

CITY Lancaster STATE CA ZIP CODE 93535

AREA CODE/DAYTIME PHONE NUMBER (661) 492-1913

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION)
Wilsona School District

DISTRICT NUMBER (IF APPLICABLE)

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
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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 07/21/2024 DATE

By _____