

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

Date of election if applicable:
(Month, Day, Year)
11/2/2022

Amendment (Explain Below)

10/13/22
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CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Steve Fox

STREET ADDRESS

Lancaster

AREA CODE/DAYTIME PHONE NUMBER

661-435-1811

STATE

Ca.

ZIP CODE

93534

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Member of the Antelope Valley Healthcare District

JURISDICTION (LOCATION)

Los Angeles

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
<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 information provided is true and correct.

Executed on

Nov. 2, 2022

DATE

By

CANDIDATE