

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

0218

Date of election if applicable:  
(Month, Day, Year)  
NOV 8, 2022

Amendment (Explain Below)

RECEIVED BY  
LOS ANGELES COUNTY  
ORD  
AM 10: 48  
CAMPAIGN FINANCE

Date Stamp

CALIFORNIA FORM 470  
For Official Use Only  
021471

1. Statement Covers Calendar Year 20 22.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE

TONYA ALENNA SCHOFIELD

STREET ADDRESS

CITY STATE ZIP CODE

(424) 541-0041 PALMDALE CA 93550

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

PALMDALE GOVERNING SCHOOL BOARD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

PALMDALE, CA

**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>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</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 08/04/2022  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE