

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

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 24 PM 2: 09 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) <u>Nov. 8, 2022</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Barbara Gaines</u>		
STREET ADDRESS _____		
CITY <u>Quartz Hill</u>	STATE <u>CA.</u>	ZIP CODE <u>93536</u>
AREA CODE/DAYTIME PHONE NUMBER _____		OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>Governing Board Member</u>	
JURISDICTION (LOCATION) <u>Antelope Valley Community College District</u>	DISTRICT NUMBER (IF APPLICABLE) <u>5</u>

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 State of California that the foregoing is true and correct.

Executed on July 22, 2023
DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE