

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

S121 7/29/21(U)

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>
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Date Stamp

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**CAMPAIGN FINANCE**

**CALIFORNIA FORM 470**

For Official Use Only

019259

1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Sandy Price

STREET ADDRESS

CITY STATE ZIP CODE

Lancaster CA 93535

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

661-942-4479 pricesbp@yahoo.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Trustee/Bd of Directors

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Lancaster School District

**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
none		

**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, 2021 DATE

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

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