

Add N S 723

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
N/A.

Amendment (Explain Below)

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 CAMPAIGN FINANCE

CALIFORNIA FORM 470
 For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
L ROSEMARY MANN

STREET ADDRESS

CITY LANCASTER STATE CA. ZIP CODE 93534

AREA CODE/DAYTIME PHONE NUMBER 661-433-3653 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD MEMBER

JURISDICTION (LOCATION) LANCASTER 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
<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 5/28/2024 DATE

By: _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form