

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

CALIFORNIA FORM **470**

For Official Use Only

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

11-3-20

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2023 JUL 24 PM 1:47
CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 2023.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon A Voag

CITY Palmdale CA

STATE CA ZIP CODE 93552

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

661-433-2501

savega@palmdale.scd.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Palmdale SD Governing Board Member

JURISDICTION (LOCATION)

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 foregoing is true and correct.

Executed on 7-21-23
DATE