

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

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
2024 JUL 16 AM 11:34
CAMPAIGN FINANCE**

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/5/2024

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael P. Rives

CITY STATE ZIP CODE
LANCASTER CA 93534

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-902-1976 rives.mike@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member, Antelope Valley Community

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
College District 3

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 7-16-2024
DATE