

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

① 08/07/2024
Date Stamp
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LOS ANGELES COUNTY
2024 AUG -9 PM 3:07
CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dallas Lawrence

STREET ADDRESS

CITY
202 244 3209

AREA CODE/DAYTIME PHONE NUMBER

STATE
CA

ZIP CODE
91301

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LVUSD Board of Education

JURISDICTION (LOCATION)
Lockington

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 la

Executed on August 6, 2024
DATE