Officeholder and Candidate Campaign Statement – Short Form		1		>124
				Date Stamp CALIFORNIA 470
				RECEIVE
	•	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY For Official Use Only OS ANGELES COUNTY
		(month, bay, rear)	1	2024 JUL 25 PM 12: 05 019274
				7/24/31 25 AM 12: 35
				7/24/24 FE PM 12: 35 CAMPAIGN FINANCE
1,	Statement Covers Calendar Year 20 24	•		MANCE
2.	Officeholder or Candidate Information		3. Office Sought or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
	Nancy K. Smith		School Boar	d Member
	STREET ADDRESS		JURISDICTION (LOCATION)	DISTRICT NUMBER
			Palmdale Scho	District (IFAPPLICABLE) 19-64857
	CITY	STATE ZIP CODE		
	Palmdale	CA 93551	•	
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS		
	760-641-6841		•	
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
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5.	Verification	 		
٠.		knowledge Lanticinate that Lwill	receive less than \$2,000 and that I will and	nd loss than \$2,000 during the colonder year and that I have year
,	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 7/24/20-14		Ву	
	DATE			IDATE
		1		