

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

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

**Amendment** (Explain Below)

Date Stamp  
RECEIVED BY  
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CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**

For Official Use Only

021802

1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Rick Shaw

STREET ADDRESS

CITY

Leona Valley

AREA CODE/DAYTIME PHONE NUMBER

818-266-9177

STATE

CA

ZIP CODE

93551

OPTIONAL FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Antelope Valley Community College District Governing Board Member, Trustee Area No. 1

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
n/a		

**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

Executed on

8/8/2024  
DATE

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