

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

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GE24

Date of election if applicable: (Month, Day, Year) 11/5/24	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 AUG 12 PM 2:13 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021843

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Laura K. Giles

STREET ADDRESS

CITY Lancaster STATE CA ZIP CODE 93534

AREA CODE/DAYTIME PHONE NUMBER 661 695 5727

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Antelope Valley Joint Union H.S. District

JURISDICTION (LOCATION)
LA county

DISTRICT NUMBER (IF APPLICABLE)
Inter Area 2

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 Calif

Executed on 8/12/24 DATE

By _____