

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

6E24-1
CFC A-NAM

Date of election if applicable:
(Month, Day, Year)
11-5-24

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -2 PM 3:35
CAMPAIGN FINANCE

CALIFORNIA
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Laura Samano

STREET ADDRESS

661-435-9728

AREA CODE/DAYTIME PHONE NUMBER

Lancaster 93535

CITY ZIP CODE

LSamano@yahoo.com

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board member

JURISDICTION (LOCATION)

Wilsona School Board

DISTRICT NUMBER
(IF APPLICABLE)

Area 4

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 t

Executed on 8/2/2024
DATE

By _____