Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECOMPAIGN FINANCE CAMPAIGN FINANCE CAMPAIGN FINANCE	
1.	Statement Covers Calendar Year 20 21			_ 0,4,1,1,1	<u> </u>
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Deborah Sims STREET ADDRESS CITY Lancaster AREA CODE/DAYTIME PHONE NUMBER 661-361-9609	STATE ZIP CODE CA 93535 OPTIONAL: FAX / E-MAIL ADDRESS	3. Office Sought or HELD Trustee of Eastside L JURISDICTION (LOCATION) Lancaster, California	Jnion School Disrtict	DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge the	nat are primarily formed to reco	eive contributions or to make exper		acy.
5.	Verification I declare under penalty of perjury that to the best of my lall reasonable diligence in preparing this statement. I can	knowledge I anticipate that I will rertify under penalty of perjury und	receive less than der the laws of the		lar year and that I have used
	Executed on August 31, 20	21	By_		