

Officeholder and Candidate
Campaign Statement -
Short Form

0121

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
07/20/2021
2021 JUL 22 PM 3:05
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
018496

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Victoria L. Green

STREET ADDRESS

CITY Lancaster STATE CA ZIP CODE 93535

AREA CODE/DAYTIME PHONE NUMBER (661) 492-1913 OPTIONAL: FAX / E-MAIL ADDRESS -

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION) Wilsona School District 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
<u>-</u>		
<u>-</u>		

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 Ca

Executed on 7/20/21 DATE

By _____

dc