

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

7/23/22 (1)

Date of election if applicable:  
(Month, Day, Year)  
Nov. 8, 2022

**Amendment** (Explain Below)

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Date Stamp  
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CAMPAIGN FINANCE

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Barbara Gaines

STREET ADDRESS  
Quartz Hill

CITY  
Quartz Hill

STATE  
CA.

ZIP CODE  
93536

AREA CODE/DAYTIME PHONE NUMBER  
661 400 1264

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member

JURISDICTION (LOCATION)  
Antelope Valley Community College District

DISTRICT NUMBER (IF APPLICABLE)  
5

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 California that the foregoing is true and correct.

Executed on July 23, 2022  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE