

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

5721

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

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 ²¹ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Victoria M. Ruffin

STREET ADDRESS

CITY STATE ZIP CODE
Palmdale CA 93552

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
3236100583 drvictoriaruffin@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Antelope Valley Joint Union High School District Governing Board Member Trustee e

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles Area 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
N/A		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used _____ year and that I have used _____

Executed on April 15, 2021 DATE By _____

EM