

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

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

Amendment (Explain Below)

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY
2021 AUG -4[✓] PM 12: 34
CAMPAIGN FINANCE**

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ANGELA CUTBILL

STREET ADDRESS

CITY STATE ZIP CODE
AGOURA HILLS CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-889-6433

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LA VIRGENES UNIFIED SCHOOL BOARD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA COUNTY

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
COMMITTEE TO RE-ELECT ANGELA CUTBILL FOR LVUSD SCHOOL BOARD 2018	AGOURA HILLS, CA 91301	DAVID CUTBILL

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law:

ring the calendar year and that I have e and correct.

Executed on July 15 2021 DATE

By _____ OR CANDIDATE

[Clear Form](#) [Print Form](#)