

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

D

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 25 PM 1:27 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 For Official Use Only
---	--	--	---

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

3. Office Sought or Held

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

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
—		
—		

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 7/19/23 DATE

By _____