

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

7/26/21 ☺

Date of election if applicable: (Month, Day, Year) 11/6/2018	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY ANGELES COUNTY JUL 28 PM 2:32 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 619078
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lori Ellen B. MacDonald

STREET ADDRESS

CITY

Canyon Country

AREA CODE/DAYTIME PHONE NUMBER

661-964-7448

STATE

CA

ZIP CODE

91387

OPTIONAL: FAX / E-MAIL ADDRESS

lmacdonald@sssd.k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Sulphur Springs Union School District

DISTRICT NUMBER
(IF APPLICABLE)

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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 7/24/2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE