

7/27/21 (3)

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Date Stamp <b>CAMPAIGN FIN</b>	<b>CALIFORNIA FORM 470</b>
	For Official Use Only

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)
	_____
	_____

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Duane G Winn

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Lancaster Ca 93535

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  
661-942-8868 winnd@lancsd.org

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Governing Board Member Lancaster School District

JURISDICTION (LOCATION) DISTRICT NUMBER  
(IF APPLICABLE)  
Lancaster, Cal 2

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California

Executed on July 19, 2021  
DATE

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