

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

④ Lancaster

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/8/2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2022 AUG 18 PM 4:17</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22.

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
Lancaster School District Governing Board Member Trustee Area 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lancaster Ca 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 I will expend 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 information provided in this statement is true and correct.

Executed on 8/11/2022
DATE

By _____