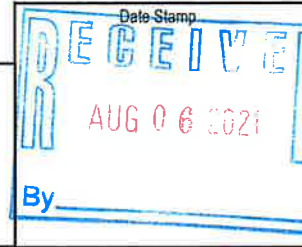


Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
11/2/2021

Amendment (Explain Below)



CALIFORNIA FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Elizabeth Albe Goff

RESIDENT ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
School Board Trustee

JURISDICTION (LOCATION)  
Meadows Union

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 8/6/2021  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE