Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA FORM FORM
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY 1.0S ANGELES COUNTY For Official Use Only 2022 JUL 26 PM 4: 46
_				GAMPAIGN FINANCE
1.	Statement Covers Calendar Year 20 22	<u>.</u> .		
2.	Officeholder or Candidate Information		3. Office Sought or	Held
		an	SO AV d	Trustee
	STREET ADDRESS /		Los Nietos S	on o District NUMBER (IF APPLICABLE)
		STATE ZIP CODE CA 9060	6	
	AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS EVELYN _ avdalyan@LNSD.net			
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	L		
	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 use all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State o			
	Executed on July 26, 2022		Ву	