Campaign Statement – Short Form				Date Stamp CALIFORNIA 470	
	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		TRECEIVED BY FORM LOS ANGELES COUNTY FOR Official Use Only 2023 JUL 13 AM 10: 17 CAMPAIGN FINANCE 0 2 10 3 6	
1. Statement Covers Calendar Year 20 23				STOCKE GEOTTOW	
2. Officeholder or Candidate Information	3. Office Sought or Hel		Office Sought or He	ld .	
NAME OF OFFICEHOLDER OR CANDIDATE NA rais Bras ov			OFFICE SOUGHT OR HELD	Member - Norralk-la Mirada District	
•			JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)	
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS	_			
Committee Information List all committees of which you have knowledge COMMITTEE NAME AND I.D. NUMBER	that are primarily formed to rece		tions or to make expending	itures on behalf of your candidacy. NAME OF TREASURER	
MA.		COMMITTE	E ADDRESS	NAME OF TREASURER	
5. Verification I declare under penalty of perjury that to the best of rall reasonable diligence in preparing this statement.	ny knowledge I anticipate that I will r I certify under penalty of perjury und	receive less th	an \$2,000 and that I will sp the State of California that	pend less than \$2,000 during the calendar year and that I have use the foregoing is true and correct.	
7-13-2 DATE	.3		Ву		