1. Statement Covers Calendar Year 20 23 2. Office holder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS CITY STATE ZIP CODE STATE ZIP CODE Amendment (Explain Below) LOS ANGELES COUNTY 2023 SEP -5 PM 3: 20 CAMPAICH FINANCE SECTION 3. Office Sought or Held OFFICE SOUGHT OR HELD TRUSTED TOTAL STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE AMEA CODEDAYTIME PHONE NUMBER OPTIONAL: FAX / E-MANIL ADDRESS [VER APPLICATION] LOS ANGELES COUNTY ZIP CODE LOS ANGELES COUNTY TOTAL SOUGHT OR HELD TRUSTED (VER APPLICATION) LOS ANGELES COUNTY ZIP CODE LOS ANGELES COUNTY TOTAL SOUGHT OR HELD TOTAL SOUGHT OR HELD TOTAL SOUGHT OR HELD LOS ANGELES COUNTY TOTAL SOUGHT OR HELD TOTAL SOUGHT OR HELD LOS ANGELES COUNTY TOTAL SOUGHT OR HELD TOTAL	Officeholder and Candidate Campaign Statement –			Oate Stamp	FORM 4	
1. Statement Covers Calendar Year 20 23 2. Office holder or Candidate Information NAME OF OFFICE SOUGHT OR HELD STREET ADDRESS CITY STATE ZIP CODE STATE ZIP CODE AREA CODERNATIVE PICKE NUMBER OPTIONAL: FAX TEMMEL ADDRESS LOS ANY ELLOW 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 ID. NUMBER COMMITTEE ADDRESS NAME OF TREASU State of my knowledge I anticipate that I will receive less than \$2,000 during the calendar ye	Short Form		Amendment (Explain Below)	LOS ANGELES COU	For Official Use Only	
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NAME OF OFFICE SOUGHT OR HELD STREET ADDRESS CITY STATE ZIP CODE SANTA CLARETA CA 9/321 AREA CODEDAYTIME PHONE NUMBER OPTIONAL: FRX /E-MAIL ADDRESS Light Description (LOCATION) List all 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 LD. NUMBER COMMITTEE NAME AND LD. NUMBER COMMITTEE ADDRESS NAME OF TREASU Street Address NAME OF TREASU COMMITTEE ADDRESS NAME OF TREASU Street Address NAME OF TREASU COMMITTEE ADDRESS NAME OF TREASU COMMITTE	1. Statement Covers Calendar Year 20 23	• !		BISCLOSURE SECTI	OM	
Steend of & 420 received from District and month. 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 years.	SANTA CLARITA AREA CODE/DAYTIME PHONE NUMBER [661-252-050] SOME STREET ADDRESS CITY SANTA CLARITA AREA CODE/DAYTIME PHONE NUMBER [661-252-050] SOME STREET ADDRESS	STATE ZIP CODE CA 9/32/1 OPTIONAL: FAX / E-MAIL ADDRESS	TRUSTED JURISDICTION (LOCATION) LOS ANGE	E SANHA CI	DESTRICT DRIFA COMO DISTRICT NUMBER (IF APPLICABLE)	nun
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.	Mone COMMITTEE NAME AND LD. NUMBER		•	,	dacy. ME OF TREASURER	
Executed on Qual 7 th 2023 By.	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I compare the statement of the	knowledge I anticipate that I will i	der the laws of the State of California the			e used