Officeholder and Candidate Campaign Statement –	Date Stamp CALIFORNIA 470			
NOU, 2, 202	Date of election if applicable: (Month, Day, Year)		DECEIVED BY DE ANGELES COUNTY DE JUL 19 PM 4: 10 DAMPAIGN FINANCE	For Official Use Only 011415
1. Statement Covers Calendar Year 20 21				
2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE BARBARA HOGAN STREET ADDRESS CITY 661 4505646 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE 936 bhogg & Quy C. OPTIONAL: FAX TE-MAIL ADDRESS	15 -1	Creek rrigation	DET, t DIRECTO DISTRICT NUMBER (IF APPLICABLE)
4. Committee Information List all committees of which you have knowledge COMMITTEE NAME AND I.D. NUMBER	that are primarily formed to rec	ceive contributions or to make exper		ICY. OF TREASURER
AVM				
5. Verification I declare under penalty of perjury that to the best of rall reasonable diligence in preparing this statement. Executed on 14/15	ny knowledge I anticipate that I will I certify under penalty of perjury un	receive less than \$2,000 and that I will der the laws of the State of California	Il spend less than \$2,000 during the cothat the foregoing is true and correct.	calendar year and that I have used