Officeholder and Candidate Campaign Statement – Short Form		Fig. 1		Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below) 1.05 A	UG 12 PM 1: 49 PAIGN FINANCE	For Official Use Only
Statement Cov	ers Calendar Year 20 22	<u>.</u> .			
STREET ADDRESS CITY AREA CODE/DAYTIME PH	na Taksor	STATE ZIP CODE A 93510 OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or Held OFFICE SOUGHT OR HELD Acton-Agua JURISDICTION (LOCATION) LA COUNT	Dulce USD So	Chool Board DISTRICT NUMBER (IF APPLICABLE)
Committee Info List all committee		e that are primarily formed to rec	eive contributions or to make expenditu		•
N/A	COMMITTEE NAME AND I.D. NOMBER		COMMITTEE ADDRESS	NAME	OF TREASURER
5. Verification I declare under per all reasonable dilig	nalty of perjury that to the best of nence in preparing this statement.	ny knowledge I anticipate that I will I certify under penalty of perjury und	receive less than \$2,000 and that I will sper der the laws of the State of California that the	nd less than \$2,000 during the ca ne foregoing is true and correct.	alendar year and that I have used
Executed on	8/12/22 DATE			<u> </u>	те

Duc 9/29