Officeholder and Candidate Campaign Statement – Short Form		i.		Date Stamp RECEIVED BY CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2022 AUG -4 AM II: 51 CAMPAIGN FINANCE		
1.	Statement Covers Calendar Year 20 22	:		r		
2.	Officeholder or Candidate Information		3. Office Sought or I	Held		
	NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS		JURISDICTION (LOCATION)	School Di	5tret DISTRICT NUMB	
	CITY:	STATE ZIP CODE	93543 7882	Los Angeles	(IF APPLICABLE)	· · · · · · · · · · · · · · · · · · ·
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
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	
			NA,	,		
					, •	
5.	Verification			L:		
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,00 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the Sta				the calendar year and that I have used rect.	
	Executed on	-	Ву		ANDIDATE	