Officeholder and Candidate  Campaign Statement –  Short Form		Date Stamp CALIFORNIA RECEIVED BY FORM				
Sn ∋	ort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2022 AUG -5 PM 2: 5:	For Official Use Only	
_		11/8/02		—— CAMPAIGN FINANCI	1 1	
1.	Statement Covers Calendar Year 20					
2.	Officeholder or Candidate Information		3. Office Sought of	or Held		
	NAME OF OFFICEHOLDER OR CANDIDATE HANA GN 1-CGO-	Melgar		ol Board Memb		
	JURISDICTION (LOCATION)  OF 90 602  DISTRICT NUMBER (IF APPLICABLE)					
	whates	STATE ZIP CODE	LA	County		
	AREA CODE/DAYTIME PHONE NUMBER  OPTIONAL: FAX/E-MAIL ADDRESS  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	NAI NAI	NAME OF TREASURER	
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 and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the Sta					
	Executed on 8/5/23 DATE		Ву			