Officeholder and Candidate Campaign Statement – Short Form		REJEIVED Date Stamp CALIFORNIA 4					CALIFORNIA 170
		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)  2022 AUG -2 PM 2: 08		-2 PM 2: 08	10
	11/08/2022			CAMPAIGN FINANCE			
1.	Statement Covers Calendar Year 20 22						
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE			3.	Office Sought or Held		1
	Rebecca Hamburg Cappy STREET ADDRESS			*****	Wiseburn USD Governing JURISDICTION (LOCATION)  Los Angeles County	g Board Member	DISTRICT NUMBER (IF APPLICABLE)
	Hawthorne AREA CODE/DAYTIME PHONE NUMBER 510-926-0557	CA OPTIONAL:	ZIP CODE 90250 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 1.D. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER						
				COMMITT		ACTIVE	The state of the s
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 us all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
	Executed on				В	OR CANDIDA	जह