Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	CALIFORNIA 470 RECEIVED BY LOS ANGELES COUNTY For Official Use Only 2023 JUL 26 PM 2 36 076
_	19			CAMPAIGN FINANTE
1.	Statement Covers Calendar Year 20 <u>23</u>	•		
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Rachelle Marcus STREET ADDRESS CITY AREA CODE/DAYTIME PHONE NUMBER	CA 90210 STATE ZIPCODE OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or Held OFFICE SOUGHT OR HELD Trustee Best JURISDICTION (LOCATION) Beverly H	Beverly Halls UniFied alls, CA DISTRICT NUMBER Schoo DIST
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			
	Wore		COMMITTEE ADDRESS	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 State of California that the foregoing is true and correct.			
	Executed on $\frac{7/18}{\text{DATE}}/3$	· :	Ву	SIGNATURE OF OFFICE POLICE OF GRADULATE