Officeholder and Candidate Campaign Statement – Short Form			. 1	7/25/23(1) Date Stamp CALIFORNIA 470 FORM		
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LUS ANGE	CEIVED BY IGELES COUNTY	For Official Use Only
					7 PM 2: 09	
1.	Statement Covers Calendar Year 20 23			DISCLOSUF	RE SECTION	
2.	Officeholder or Candidate Information		3. Office Sought of			
	NAME OF OFFICEHOLDER OR CANDIDATE JOHN E. BEI/4H STREET ADDRESS		JURISDICTION (LOCATION	Courry W	JATER DISTRICT	SORNO OF - DIRECTORS [DISTRICT NUMBER [(FAPPLICABLE)
	ROWLAND HTS AREA CODE/DAYTIME PHONE NUMBER 1 626 965 4450	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS		on 3		
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	
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			•			,
5.	Verification					
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I declare under penalty of perjury that to the best of my	knowledge I anticipate that I will retrify under penalty of perjury und	receive less than \$2,000 and that I ler the laws of the State of Californi	will spend less that the foregoing	in \$2,000 during the cale	endar year and that I have used
	Executed on 2/25/2023 DATE					