Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Date Stamp  REGEIVED BY  ANGELES COUNTY  2022 SEP 12 AM 10: 21	CALIFORNIA 470 FOR Official Use Only
_		1001 0 2022		CAMPAIGN FINANCE	021576
1.	Statement Covers Calendar Year 20 22	ting the self-recognized by the second detailed the second of a	ine na East I state again i state. I a fa de nasi a martin fa cama a	and the same of	and the second of the second o
2.	Officeholder or Candidate Information  NAME DE OFFICEHOLDER OR CANDIDATE  CLOVAN HEVEN  STREET ADDRESS  CITY  AREA CODE/DAYTIME PHONE NUMBER  SLOW - 260 - 2176	STATE ZIP CODE  OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or OFFICE SOUGHT OR HELD JURISDICTION (LOCATION)	held ber Cpty School D	DISTRICT NUMBER (IF APPLICABLE) Trustee # 3
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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 car  COMMITTEE NAME AND I.D. NUMBER  COMMITTEE ADDRESS			the state of the s	/. F TREASURER	
			Sommittee Tableto	-	, , , , , , , , , , , , , , , , , , ,
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I contains the statement of the st	knowledge I anticipate that I will neerlify under penalty of perjury und	eceive less than \$2,000 er the laws of the State (	now the service of th	dar year and that I have used
	Executed on	· · ·	Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDATE	