

**Officeholder and Candidate
Campaign Statement –
Short Form**

7/22/21 (1) 5121

Date of election if applicable: (Month, Day, Year) 11/06/2018	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JUL 26 PM 2:44 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 017659
---	---	--	---

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Eugene Krank

STREET ADDRESS

CITY STATE ZIP CODE
Hawthorne CA 90250

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-259-4578

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Hawthorne

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
Re-Elect Dr. Eugene Krank 1413072	13968 Cerise Avenue, Hawthorne, CA 90250	Eugene Krank

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 July 21, 2021 DATE



dc