

5723

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)

Amendment (Explain Below)

RECEIVED LOS ANGELES COUNTY CAMPAIGN FINANCE CALIFORNIA FORM 470 For Official Use Only AM 11:37 017659

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Dr. Eugene M. Krank; STREET ADDRESS: Hawthorne; CITY: Hawthorne; STATE: CA; ZIP CODE: 90250; AREA CODE/DAYTIME PHONE NUMBER: 310-219-3339

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Board Member; JURISDICTION (LOCATION): Hawthorne; DISTRICT NUMBER (IF APPLICABLE):

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.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. All entries are N/A.

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

Executed on 7/13/2022 DATE

dc