Officeholder and Candidate Campaign Statement – Short Form		ADD ECP - SF2 (4) Pur Date Stamp CALIFORNIA FORM FORM				
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		RECEIVED BY LSS ANGELES COUNTY 2022 MAR -4 PM 3: 25 CAMPAIGN FINANCE	FORM For Official Use Only
- 1.	Statement Covers Calendar Year 20 22	·.			AMILWANIA L BANIAGE	
9	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE A (e) and () Rumire 2) (STREET ADDRESS LOS Angeles CHY 323) 424 - S19 AREA CODE/DAYTIME PHONE NUMBER	CA GOOD 2 STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS	OFFICE M JURISE	ce Sought or ESOUGHT OR HELD On tebello DICTION (LOCATION) Lon tebel	Unified School Di	STrict Board Mem DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge the	nat are primarily formed to rece	contributions of COMMITTEE ADDR			C y . OF TREASURER
Ò						
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I can	knowledge I anticipate that I will re ertify under penalty of perjury und	eceive less than \$2, er the laws of the Si	000 and that I wate of California	ill spend less than \$2,000 during the ca	alendar year and that I have used
	Executed on $\frac{03/04/21}{\text{DATE}}$		Ву			

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov