Officeholder and Campaign Statem		Туре ог	Type or print in ink.		CALIFORNIA 470
Short Form (Government Code Section 84206)		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY ANGELES COUNTY DZZ JUL 29 PM 3: 59	FORM For Official Use Only
	Versens altria		C	AMPAIGN FINANCE	
I. Statement Cove	rs Calendar Yea	r 20 22 .			
2. Officeholder or NAME OF OFFICEHOLDER STREET ADDRESS	Candidate Information	mation	3. Office Sought or HELD  Whether (  JURISDICTION (LOCATION)		as Member DISTRICT NUMBER (IF APPLICABLE)
AREA CODE/DAYTIME PHO		STATE ZIP CODE  OPTIONAL: FAX/E-MAIL ADDRI	whether	Hier Aue - CA 9060Z	
			to receive contributions or to ma		of your candidacy.  OF TREASURER
calendar year and the	nat I have used all rea	he best of my knowledge I anticipasonable diligence in preparing the	pate that I will receive less than \$1	,000 and that I will spend le	ss than \$1,000 during the ate of California
that the foregoing is	true and correct.	22	1	SIGNATURE OF OFFICEHOLDER OR CANI	DIDATE