Officeholder and Candidate Campaign Statement –		. ;				7 (29/23C)	CALIFORNIA 470
Sh	ort Form	Date of el	ection if applicable: nth, Day, Year)	Adding	dment (Explain Below) Street Address	OS ANGELES C	For Official Use Only Official Use Only 2: 02
1.	Statement Covers Calendar Year 20 23	-	,			SELOSURE SEC	NCE TION
2.	Officeholder or Candidate Information	į.		3.	Office Sought or Hel	ld	
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD		
						MEMBER, BASSETT UI	NIFIED SCHOOL DISTRICT
	STREET ADDRESS	j		_	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)
		}			COUNTY OF LOS AN	GELES	N/A
	CHY	STATE	ZIP CODE				
	BASSETT	CA	91746				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL:	FAX / E-MAIL ADDRESS				
	-626-941-5471						
4. Committee Information List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures COMMITTEE NAME AND I.D. NUMBER COMMITTEE ADDRESS						on behalf of your candidacy. NAME OF TREASURER	
	N/A		N/A			N/A	-
	N/A		N/A			N/A	
5.	Verification	d de la company					·.
	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 Calendar year and correct.						
	Executed on	}			Ву	#HOLDER OR C	ANDIDATE

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