Officeholder and Candidate Campaign Statement – Short Form				RECEIVED BY	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2024 JUL -8 AM 9: 27 CAMPAIGN FINANCE	For Official Use Only
1.	Statement Covers Calendar Year 20 2	4		- PATTAIGNT MARKET	
	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE DAVID R. ROSE STREET ADDRESS CITY 626 848 610 4 AREA CODE/DAYTIME PHONE NUMBER Committee Information	STATE ZIPCUDE divatiac paol. COM OPTIONAL: FAX/E-MAIL ADDRESS		Oak USD les County	DISTRICT NUMBER (IF APPLICABLE)
5.	Verification I declare under penalty of perjury that to the best all reasonable diligence in preparing this statement.	of my knowledge I anticipate that I will	receive less than \$2,000 and that I will s	spend less than \$2,000 during the ca	OF TREASURER
	Executed on July 8) H) Jul			