Officeholder and Candidate Campaign Statement – Short Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Pate Stamp RECEIVED BY LUS ANGELES COUNT 2024 JUL 15 AM 10: 34 CAMPAIGN FINANCE	CALIFORNIA 470 For Official Use Only	
Statement Covers Calendar Year 20	24.				
2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS CITY Weithaull AREA CODE/DAYTIME PHONE NUMBER 661-373-3044 4. Committee Information	STATE ZIP CODE CA 9132 (OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or Hope of the Sought of Held of the Sought	Board Member 5D	DISTRICT NUMBER (IF APPLICABLE) Trustee 4	
List all committees of which you have kno COMMITTEE NAME AND I.D. NUM		rily formed to receive contributions or to make expenditures on b COMMITTEE ADDRESS		n behalf of your candidacy. NAME OF TREASURER	
5. Verification I declare under penalty of perjury that to the ball reasonable diligence in preparing this state Executed on 7-15-2024	ment. I certify under penalty of perjury und	receive less than \$2,000 and that I will der the laws of the State of California th	spend less than \$2,000 during the cale nat the foregoing is true and correct.	endar year and that I have used	