Ca	mpaign Statement –					R	Date Stamp	CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)		1			NGELES COUNTY 122/24 P.M. UL 23 PM 3:55	For Official	Use Only
		11/5/2024					PAIGN FINANCE	0198	40
1.	Statement Covers Calendar Year 20 24	-•^`							
2.	Officeholder or Candidate Information			3. Office Sought or Held					
	NAME OF OFFICEHOLDER OR CANDIDATE			,	OFFICE SOUGHT OR HE	TD ·			
	Steven P DeMarzio				Governing Boar	d Member			
	STREET ADDRESS			_	JURISDICTION (LOCATIO	ON)	1	DISTRICT NUMBER	
			,		Westside Union	School Distric	t '	(IF APPLICABLE)	
	CITY	STATE . ZIF	CODE						
	Palmdale	CA 93	3551						
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-	MAIL ADDRESS						
	6619656082	brutus350@ve	rizon.net				•	,	
_	Committee Information								
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive				tions or to make e	xpenditures on	behalf of your candidac	. ·	
	COMMITTEE NAME AND I.D. NUMBER			COMMITTEE ADDRESS			NAME OF TREASURER		
			-		100.1200		, , ,	THEHOMEN	
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5.	Verification	,				•			
	I declare under penalty of periury that to the best of my	knowledge Lanticin	ate that I will r	eceive less th	an \$2,000 and that-	I will spend less t	han \$2,000 during the cal	endar year and tha	at I have use
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I	certify under penalty	of perjury und	er the laws of	Ot-1 O-11	-!- # # - f	-::	onder joar and the	i i iidvo use
	Executed on21 July 2024				В				
	DATE DATE								٠,