Ca	ficeholder and Candidate mpaign Statement –						Date Stamp CALIFOR			
Sn	ort Form		ction if applicable: h, Day, Year)	Amendment (Explain Below)		2024 JUL 29	LES COUPATY FOR Official Use Only		lse Only	
1.	Statement Covers Calendar Year 20 ²	4		,		CAMPAIGN	FINANCE			
2.	Officeholder or Candidate Information 3. Office Sought or Held									
	CAROL W KWAN West Basin When we Dioticet									
	STREET ADDRESS	CA	9050	2 1 A C	LOCATION)	,	(IF	TRICT NUMBER APPLICABLE)	3	
	STATE ZIP CODE 3 10 .9 18 · 0888 TORKANCE AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAILADDRESS									
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.									
					EE ADDRESS			NAME OF TREASURER		
	NA									
		. — :						,		
5.	Verification					<u> </u>				
	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 Califor									
	Executed on $7/29/252$ DATE	4		Ву						