Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable:    Date of election if applicable:   Amendment (Explain Below)   AMGELES COUNTY   For Official County   AMGELES COUNTY   AMGELES COUNTY   AMGELES COUNTY   For Official County   AMGELES COUNTY   AMGELES COUNTY   AMGELES COUNTY   For Official County   Amendment (Explain Below)   AMGELES COUNTY   AM			CALIFORNIA 470	
JII	ort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2020 SEP 29 PM 2: UO	For Official Use Only	
		Movember 8,2022		CAMPAIGN FINANCE	02/533	
1.	Statement Covers Calendar Year 20 22					
2.	Officeholder or Candidate Information		3. Office Sought	or Held		
	NAME OF DEFICEHOLDER OR CANDIDATE  ATTURNO DO NO CANDIDATE  STREET ADDRESS		JURISDICTION (LOCATION	Community College !	DISTRICT NUMBER (IF APPLICABLE)	
_	AREA CODE/DAYTIME PHONE NUMBER  913-321-1321	STATE ZIP CODE  A 90722  OPTIONAL: FAX/E-MAIL ADDRESS	elox			
4.	Committee Information					
	List all committees of which you have knowledge that are primarily formed to re  COMMITTEE NAME AND I.D. NUMBER		ive contributions or to make ex		n behalf of your candidacy.  NAME OF TREASURER	
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME	OF TREASURER	
<u> </u>	Verification				<del>11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>	
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the S					
	Executed on 9/2/9/22 DATE		$^{By} \! \subset \!$	ĭ		