Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable:		RECEIVED BY FORM 470
		(Month, Day, Year)	Amendment (Explain Below)	_ 2022 SEP 23 AM II: 27
1.	Statement Covers Calendar Year 20 27			— CAMPAIGN FINANCE
2.	Office Holder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  TOLOGUELINE FEVEZ VALENCIA  STREET ADDRESS  CITY  PIO RUEVA CA 90660  AREA CODE/DAYTIME PHONE NUMBER  OPTIONAL: FAX/E-MAIL ADDRESS  (SU2) 479-5034  JURISDICTION (LOCATION)  LOS Arageles County  OPTIONAL: FAX/E-MAIL ADDRESS  JURISDICTION (LOCATION)  LOS Arageles County  OPTIONAL: FAX/E-MAIL ADDRESS  JACQUELINE 4 etranchologymail.com			
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive contributions or to make expendit COMMITTEE NAME AND I.D. NUMBER  COMMITTEE ADDRESS			ditures on behalf of your candidacy.  NAME OF TREASURER
	Jacqueline 4 ERUSD			Jacqueline Perez Valencia
5.	Verification  I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,00 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the Statement.			year and that I have used
	Executed on 5ep. 23, 2027		Ву	