

**Officeholder and Candidate
Campaign Statement –
Short Form**

4002

Date of election if applicable: (Month, Day, Year) <input style="width: 100%;" type="text" value="Nov, 3, 2020"/>	<input type="checkbox"/> Amendment (Explain Below) <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	RECEIVED BY LOS ANGELES COUNTY 2021 JUL 29 PM 4:53 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

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.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

for the calendar year and that I have used the information provided.

Executed on DATE

 SIGNATURE DATE