

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

0218

Date of election if applicable: (Month, Day, Year) <u>11/8/2022</u>	<input checked="" type="checkbox"/> Amendment (Explain Below) <u>providing original signature as</u> <u>requested</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 AUG 29 PM 3:11 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 021340
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Rebecca Hamburg Cappy

STREET ADDRESS
Hawthorne

CITY STATE ZIP CODE
CA 90250

AREA CODE/DAY TIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
510-926-0557 rebecca4wiseburn@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Wiseburn USD Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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

5. Verification

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 California that the foregoing is true and correct.

Executed on August 29, 2022
DATE

By _____