Officeholder and Candidate Campaign Statement –						Γ	Da	te Stamp	CALIFORNIA	470	
	Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		RECEIVED BY ANGELES COUNT JUL 27 PM 2: 34		FORM For Official U		
		11-	<u>le-2018</u>				Į.	FINANCE			
1.	Statement Covers Calendar Year 20 22	·									
2.	Officeholder or Candidate Information	1		3.	Office Sought of						
	Dr. Victoria M. Ruffin Street address		24572		ANCHOR VALLA JURISDICTION (LOCATION)	y Umn			BOUND TANKS TO DISTRICT NUMBER (IF APPLICABLE)	c, Area 5	
	CITY	CA	93552 ZIP CODE		<u>Antclope</u>	Vall	ey ILF	+ county			
	(373)610-0583						1.				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL	L: FAX / E-MAIL ADDRESS								
4.	Committee Information List all committees of which you have knowledge to	hat are prin	marily formed to rece	eive contribu	tions or to make exp	enditure	s on behalf	of your candidate	· ·		
	COMMITTEE NAME AND LD. NUNBER -	1	COMMITTEE ADDRESS					NAME OF TREASURER			
	NIA	:	1.								
5.	Verification	1									
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws							cą	lendar year and tha	t I have used	
	Executed on July 1012 DATE	1	<u>:</u>					DATE			
							F	FPPC Form o	470/470 Suppleme ce@fppc.ca.gov (8	nt (Jan/2016) 66/275-3772)	

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