

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

5727

④DC

<p style="text-align: center; font-size: small;">Date Stamp</p> <p style="text-align: center; font-weight: bold;">RECEIVED BY LOS ANGELES COU</p> <p style="text-align: center; font-weight: bold;">2023 JUL 27 AM 8:18</p> <p style="text-align: center; font-size: small;">CAMPAIGN FINANCE DISCLOSURE SECTION</p>	<p style="font-weight: bold; font-size: large;">CALIFORNIA FORM 470</p> <p style="font-size: x-small;">For Official Use Only</p> <p style="font-size: large; font-weight: bold;">018451</p>
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<p style="font-size: small;">Date of election if applicable: (Month, Day, Year)</p> <hr/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/>
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

<p style="font-size: x-small;">NAME OF OFFICEHOLDER OR CANDIDATE</p> <p style="font-size: large; font-weight: bold;">Harris J. Mataalii</p>	
<p style="font-size: x-small;">STREET</p>	<p style="font-size: x-small;">STATE ZIP CODE</p> <p style="font-size: large; font-weight: bold;">Ca. 90640</p>
<p style="font-size: x-small;">CITY</p> <p style="font-size: large; font-weight: bold;">Montebello</p>	<p style="font-size: x-small;">STATE ZIP CODE</p> <p style="font-size: large; font-weight: bold;">Ca. 90640</p>
<p style="font-size: x-small;">AREA CODE/DAYTIME PHONE NUMBER</p> <p style="font-size: large; font-weight: bold;">323 440-4994</p>	<p style="font-size: x-small;">OPTIONAL: FAX / E-MAIL ADDRESS</p>

3. Office Sought or Held

<p style="font-size: x-small;">OFFICE SOUGHT OR HELD</p> <p style="font-size: large; font-weight: bold;">SOUTH MONTEBELLO IMMIGRATION DIRECTOR, DIVISION 3</p>	<p style="font-size: x-small;">DISTRICT</p>
<p style="font-size: x-small;">JURISDICTION (LOCATION)</p> <p style="font-size: large; font-weight: bold;">SOUTH MONTEBELLO, CA</p>	<p style="font-size: x-small;">DISTRICT NUMBER (IF APPLICABLE)</p>

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
NONE		

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 information provided on this statement is true and correct.

Executed on 7-26-2023
DATE

By _____