Officeholder and Candidate Campaign Statement – Short Form		•		Date Stamp CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNTY For Official Use Only	
	•	-		- 2024 JUL 24 PM 12: 36	
	·			CAMPAIGN FINANCE	
1.	Statement Covers Calendar Year 20 2	4			
2.	Officeholder or Candidate Information		3. Office Sought or I	leld	
,	NAME OF OFFICE HOLDER OR CANDIDATE OFFICE SOUGHT OR HELD LOVENING BOARD LOWELL TO INT. School STREET ADDRESS OFFICE SOUGHT OR HELD LOVENING BOARD LOWELL TO INT. School JURISDICTION (LOCATION) IDISTRICT NUMBER LOVENING BOARD LOWELL TO INT. SCHOOL JURISDICTION (LOCATION)				
	Lattabrates 90631 - Truster Avea 2				
	CITY.	STATE ZIP CODE			
	AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS				
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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	
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5.	Verification				
	I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement.	my knowledge I anticipate that I wil I certify under penalty of perjury u	Il receive less than \$2,000 and that I will nder the laws of the State of California th	spend less than \$2,000 during the calendar year and that I have used at the foregoing is true and correct.	
	Executed on Auly 24, 20	24		. 1	
	Executed on PATE		. В	ANDIDATE	