Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	CALIFORNIA 4/0	
		Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	RECEIVED BA	For Official Use Only	
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1.	Statement Covers Calendar Year 20 24					
2.	Officeholder or Candidate Information		3. Office Sought o	, ·		
	NAME OF OFFICEHOLDER OR CANDIDATE MOUCA GRAVEIA STREET ADDRESS OFFICE SOUGHT OR HELD Build TWISTELL JURISDICTION (LOCATION)				DISTRICT NUMBER	
	CITY GOLDON	Ca 91741 STATE ZIP CODE CA 91741	<u>Glendera</u> C	' ' ' ' ' ' ' ' '	Sistrict Nomber (FAPPLICABLE)	
	AREA CODE/DAYTIME PHONE NUMBER 310 947 9237	OPTIONAL: FAX/E-MAILADDRESS				
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER	at are primarily formed to reco	eive contributions or to make ex	penditures on behalf of your	candidacy. NAME OF TREASURER	
Ŋ	Honica Gard'a for GUSDBOard FPCC#1449381	- 922 gleider	Ca 9174/	per	uca Jarcia	
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I continue the statement is the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement is the statement in the s					
	Executed on 7/22/2	4	Ву	CEHOLDER (DR CANDIDATE	