Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Dat RECE!	Date Stamp CALIFORNIA 470 RECEIVED BY LOS ANGELES COUNTY For Official Use Only		
		(Month, Day, Tear)		2024 JUL 20	6 PM 4:01		
1.	Statement Covers Calendar Year 20 <u>24</u>	• .					
2.	Officeholder or Candidate Information	· .	3. Office Sought	or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE	ever	OFFICE SOUGHT OR HE	OFFICE SOUGHT OR HELD Whitter City School District Memb JURISDICTION (LOCATION) JURISDICTION (LOCATION)			
CITY STATE ZIP CODE Q AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS				uttler Ave	Whoter 61" 90602		
_	562-360-21	76			1 1 1 1		
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			<u>-</u>	, ;		
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I compare the statement of the	knowledge I anticipate that I will ertify under penalty of perjury un	receive ess than \$2,000 and that deer the laws of the State of Californ	I will spend loss than \$2 nia that the foregoiness	,000 during the calendar true and correct.	year and that I have used	
,	Executed on DATE	Ву	BySIGNATURE OF OFFICEHOLDER OR CANDIDATE				