Date of election if applicable: (Morth, Day, Year)  Date of election i	Officeholder and Candidate Campaign Statement –					Date Stamp	CALIFORNIA FORM	
1. Statement Covers Calendar Year 20 24.  2. Officeholder or Candidate Information  MANE OF OFFICEHOLDER OF CANDIDATE  STREET ADDRESS  SITNE ZIP CODE  AREA CODE/DAYTINE PHONE NUMBER  OFFICANL. FAX IE MAIL ADDRESS  SCO 967 IGAS  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 LD. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  5. Veriffication  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 all reasonable dilligence in preparing this statement. I certify under penalty of perjury under the leave of the Slate of California that the forecoing is true and that I have been all the period of the state of California that the forecoing is true and that I have been and the period of the state of California that the forecoing is true and that I have been and the period of the state of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and that I have been and the period of the Slate of California that the forecoing is true and the period of the Slate of California that the forecoing is true and the period of the Slate of California that the	Sh	ort Form		Amendment (Explain Below)	LOS ANGE	LES COUNTY		
2. Office Sought or Held  NAME OF OFFICENDLER OR CANDIDATE  WHATEV  AREA CODE/DAYTINE PHONE NUMBER  OFFICINAL FAX / E MANA ACCORESS  AREA CODE/DAYTINE PHONE NUMBER  OFFICENDAL FAX / E MANA ACCORESS  AREA CODE/DAYTINE PHONE NUMBER  OFFICENDAL FAX / E MANA ACCORESS  AREA CODE/DAYTINE PHONE NUMBER  OFFICENDAL FAX / E MANA ACCORESS  AREA CODE/DAYTINE PHONE NUMBER  OFFICENDAL FAX / E MANA ACCORESS  AREA CODE/DAYTINE PHONE NUMBER  OFFICENDAL FAX / E MANA ACCORESS  AREA CODE/DAYTINE PHONE NUMBER  OFFICENDAL FAX / E MANA ACCORESS  ANAME OF TREASURER  NAME OF TREASURER  T. I S. 2 44  EVENUE OF TREASURER  TO STATE ACCOREDATE ACCORDANCE OF THE ACCORDANCE OF TREASURER OF TREASURER OF California that the forecoing is true and that I hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and that I have accorded to the state of California that the forecoing is true and the state of California that the forecoing is t			·		1.			
NAME OF OFFICENOLDER OR CANDIDATE  STREET ADDRESS  OFFICENOLDER AVEQ  JURISDICTION (LOCATION)  WINTER OF APPLICABLE)  JURISDICTION (LOCATION)  WINTER OF APPLICABLE)  TWO AVEQ  JURISDICTION (LOCATION)  WINTER OF APPLICABLE)  DISTRICT NUMBER (B' APPLICABLE)  AREA CODE/DAYTIME PHONE NUMBER  SCONMITTEE NAME AND LID. NUMBER  COMMITTEE NAME AND LID. NUMBER  COMMITTEE NAME AND LID. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  TO STATE SIP CODE  SCHOOL DISTRICT NUMBER (B' APPLICABLE)  TWO AVEQ  SCHOOL DISTRICT NUMBER (B' APPLICABLE)  SCHOOL DISTRICT NUMBER (B' APPLIC	1.	Statement Covers Calendar Year 20 24						
STREET ADDRESS  CITY  White  AREA CODE/DAT/TIME PHONE NUMBER  OPTIONAL. FAX/E-MAL ADDRESS  SCO. 967 1698  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 LD. NUMBER  COMMITTEE NAME AND LD. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  5. Verification  I declare under penalty of perjury that to the bast 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 hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  T.I.S. 24	2.		de .					
STATE ZIP CODE AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX I E-MAIL ADDRESS  SCOT 967 1698  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 LD. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  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 hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  7.15.24		Carolina Jaur	egul	Truste	e Avea	<u> </u>		
White Ware Code Day Time Prione Number Optional: FAX Jewal Address  5.62-967 1695  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 LD. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  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 hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the forecoing is true and  7.15.24		STREET ADDRESS	O					
A. 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 LD. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  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 hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the forecoing is true and  T. 1. S. 2. 4		collection of						
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 LD. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER   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 hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  T. 1. S. 2. 4								
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 hall reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  7.15-24	4.							
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 had reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  T. 15. 24  Executed on		COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME (	NAME OF TREASURER			
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 had reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  T. 15. 24  Executed on		,						
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 had reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  T. 15. 24  Executed on						· .		
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 had reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  T. 15. 24  Executed on	_			·				
all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  7.15.24  Executed on	5.							
Executed on By		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 use all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and						
DATE SIGNATURE OF DEFICEHOLDER OR CANDIDATE		7.15.24	,	. Ву	OLOUT, IT OF	OFFICE IN DEPO OF OUR PROPERTY.		