Officeholder and Candidate Campaign Statement – Short Form			Date Stamp CALIFORNIA 470 FORM		
SHOIL POINI	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNTY 2024 JUL 30 PM 1: 12	For Official Use Only	
			CAMPAIGN FINANCE	019677	
1. Statement Covers Calendar Year 20 <u>24</u>	-,				
2. Officeholder or Candidate Information		3. Office Sought or H	leld		
NAME OF OFFICEHOLDER OR CANDIDATE  OFFICEHOLDER OR CANDIDATE  OFFICEHOLDER OR CANDIDATE  OFFICEHOLDER OR CANDIDATE	72	OFFICE SOUGHT OR HELD	school Distret		
STREET ADDRESS	Palwello:	A 9859/ LA COL	unte	DISTRICT NUMBER (IF APPLICABLE)	
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: PAX 7 E-MAIL ADDRESS	nel-com			
4. Committee Information List all committees of which you have knowledge	that are primarily formed to rec	eive contributions or to make expen	nditures on behalf of your candidac	y.	
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME O	NAME OF TREASURER	
5. Verification					
I declare under penalty of perjury that to the best of mall reasonable diligence in preparing this statement.	y knowledge I anticipate that I will to certify under penalty of perjury under the certify under penalty of perjury under the certify under the certific the certification the certific the certification the certification the certific the certific the certific the certific the certification the certification the certific the cert	receive less that der the laws of		ar and that I have used	
Executed on $\frac{43024}{DATE}$	· · · · · · · · · · · · · · · · · · ·	· · · E			