Officeholder and Candidate Campaign Statement –		Date Stamp				ORNIA 470
Sh	ort Form	Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	RECEIVI LOS ANGELE 2024 JUL 22 CAMPAIGN F	PM 2: 13	For Official Use Only 8953
1.	Statement Covers Calendar Year 20 24	•				
2.	STREET ADDRESS	STATE ZIP CODE A 91 50 1 OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or HELL M JURISDICTION (LOCATION LOS ANGELES	LUNICIPER WA		BOARD OF DIRECT THUMBER JICABLE)
4.	Committee Information List all committees of which you have knowledge the	at are primarily formed to rece		penditures on behalf o		
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS		NAME OF TREASUR	·
5.	Verification					
	I declare under penalty of perjury that to the best of my last reasonable diligence in preparing this statement. I can	nowledge I anticipate that I will re rtify under penalty of perjury unde	eceive less than \$2,000 and that I er the laws of the State of Californ	will spend less than \$2,0 nia that the foregoing is to	you during the calendar year rue and correct.	ar and that I have used
	Executed on July 17, 202h	·	Ву			