Campaign Statement – Short Form				RECEIVED BY	RECEIVED BY FORM 4/0	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNTY  2024 JUL 17 PM 2: 05  CAMPAIGN FINANCE	For Official Use Only 013753	
1.	Statement Covers Calendar Year 20 <u>24</u>					
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  La Drena Dansby  STREET ADDRESS  GT	STATE ZIP CODE	3. Office Sought of OFFICE SOUGHT OF HELD  FOOTHIM MU  JURISDICTION (LOCATION)  BOLING M	wicipal Water Distric	DISTRICT NUMBER (IF APPLICABLE) DIVISION 3	
4.	Committee Information List all committees of which you have knowledge to Committee NAME AND I.D. NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS  hat are primarily formed to rec	eive contributions or to make exp		C <b>y</b> . OF TREASURER	
	n/a					
5.	Verification I declare under penalty of perjury that to the best of my	knowledge I anticipate that I will certify under penalty of perjury under	receive less than \$2,000 and that I	will spend less than \$2,000 during the ca	alendar year and that I have used	

Officeholder and Candidate