Officeholder and Candidate Campaign Statement – Short Form				RECEIVED BY OS ANGELES COUNT	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2024 JUL 29 PM 2: 20	For Official Like Only	
				CAMPAIGN FINANCE	021349	
1.	Statement Covers Calendar Year 20	•				
2.	Officeholder or Candidate Information 3. Office Sought or Held					
	NAME OF OFFICEHOLDER OR CANDIDATE HARLES LUAS					
	STREET ADDRESS		JURISDICTION (LOCATION)	ale waster District	DISTRICT NUMBER (IF APPLICABLE)	
_	STATE ZIP CODE WHITTER OF OPTIONAL: FAX/E-MAIL ADDRESS STATE ZIP CODE AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS					
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					
	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 used 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 correct.					
	Executed on 6-28-2024 DATE	·	. Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDA	TE	

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