1. Statement Covers Calendar Year 20 24.  2. Office holder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  HAZRIS S. MATAX UI  STREFT ANDRESS  NATAX UI  STREFT ANDRESS  OFFICIAL SIPPCODE  ARRACCOCEDIATIME 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 ID. NUMBER  COMMITTEE ADDRESS  NAME OF TREASURER  NAME OF TREASURER  1. 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 Califernia that the forecoing is true and correct.	Officeholder and Campaign Staten Short Form	(	Date of election if applicable: (Month, Day, Year)	Ame	ndment (Explain Below)	RECEIVED BY LOS ANGELES COU 2024 JUL 25 AH IO: CAMPAIGN FINAN	For Official Use O	· .
INAME OF OFFICE SOLUTION (LOCATION)  STREET ADDRESS  WATAAU  APPLICABLE)  STREET ADDRESS  WATAAU  APPLICABLE)  STREET ADDRESS  WATAAU  APPLICABLE)  OFFICE SOLUTION (LOCATION)  STREET ADDRESS  AUMISSICITION (LOCATION)  SOLUTH MONTEBELLO, CA  (IF APPLICABLE)  DISTRICT NUMBER (IF APPLICABLE)  DISTRICT NUMBER (IF APPLICABLE)  SOLUTH MONTEBELLO, CA  (IF APPLICABLE)  DISTRICT NUMBER (IF APPLICABLE)  SOLUTH MONTEBELLO, CA  (IF APPLICABLE)  SOLUTH MONTEBELLO  ARRAGOCTION, CACCION, CACCION, CA  (IF APPLICABLE)  SOLUTH MONTEBELLO  ARRAGOCTION, CACCION, CA  (IF APPLICABLE)  SOLUTH MONTEBELLO  ARRAGOCTION, CACCION, CACC	1. Statement Cov	ers Calendar Year 20 24	•	1.				
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 LID. 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 all 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 correct.	NAME OF OFFICEHOLDE  HARRY STREET ADDRESS  CITY  (323)	SS. MATAAL	MUNTERELLA CA 90640 STATE ZIP CODE	5,	OFFICE SOUGHT OR HELD  DIRECTOR  JURISDICTION (LOCATION)	, DIVISTON 3	DISTRICT NUMBER	Irrig (Li
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Executed on JWLY ZY, 20 ZY  By	I declare under per all reasonable dilig	ence in preparing this statement. I co				e foregoing is true and correct		ave used