Short Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below) RECEIVED BY LOS ANGELES COUNTY 2021 JUL 15 PM 3: 11	FORM For Official Use Only 021734
. Statement Covers Calendar Year 20	24.	CAMPAIGN FINANCE	4
NAME OF OFFICEHOLDER OR CANDIDATE Vasudev Shall STREET ADDRESS	ion CA 90254	JURISDICTION (LOCATION)	ember DISTRICT NUMBER (IF APPLICABLE)
Hesmosa Beach AREA CODE/DAYTIME PHONE NUMBER 310 729 7183	STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS Y a SV dev - Shah e g :		M CI
List all committees of which you have kno COMMITTEE NAME AND I.D. NU		eive contributions or to make expenditures on behalf of your COMMITTEE ADDRESS	candidacy. NAME OF TREASURER
Verification I declare under penalty of perjury that to the tall reasonable diligence in preparing this state.	est of my knowledge I anticipate that I will rement. Locatify under penalty of porjugues	receive less than \$2,000 and that I will spend less than \$2,000 duri der the laws of the State of California that the foregoing is true and	ng the calendar year and that I have us
Executed on 07/15/2	4	Ву	OR CANDIDATE

Officeholder and Candidate Campaign Statement –

CALIFORNIA