Campaign Statement – Short Form				Date Stamp  RECEIVED BY FORM  CALIFORNIA FORM
211	ort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNTY For Official Use Only 2024 JUL 15 PM 12: 01
		11-5-24		CAMPAIGN FINANCE
١.	Statement Covers Calendar Year 20 24			if the state of th
2.	Officeholder or Candidate Information		3. Office Sought or Hel	ld
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	0 111 1 -
	Christopler (garcia		JURISDICTION (LOCATION)	Board Member DISTRICT NUMBER
•	Nomall - La Hi			livada Unified School District Number (FAPPLICABLE) 3
	AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE  OPTIONAL: FAX/E-MAIL ADDRESS	Olstrick	<u>.                                    </u>
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
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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 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.				end less than \$2,000 during the calendar year and that I have used the foregoing is true and correct.
	Executed on $7-15-24$		Ву	CNATURE OF OFFICEHOLDER OR CANDIDATE
	DATE			MORALURE OF OFFICEHOLDER OR CANDIDATE