^ Of	ficeholder and Candidate			@BH 6E24-1		
Campaign Statement – Short Form				RECEIVED BY	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNT	For Official Use Only	
		1, , , , ,	,	2024 JUL 23 AM 11: 05	021751	
_		11,5,2024		CAMPAIGN FINANCE		
1.	Statement Covers Calendar Year 20 24	••		-	* *	
2.	Officeholder or Candidate Information		3. Office Sought or	Held		
	NAME OF OFFICEHOLDER OR CANDIDATE	Palmine Itiquita Water Visitat				
	STREET ADDRESS	CA girin	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	STATE ZIP CODE STATE ZIP CODE DIAN CUTULE 97 O 9 Mail. WM 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 C	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.					
	7-23-2024		D:			
	Executed on					