Officeholder and Candidate	A - 0		
Campaign Statement – Short Form			Date Stamp CALIFORNIA FORM
	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	3: 24 0 20747 ANCE
. Statement Covers Calendar Year 20	æ		
. Officeholder or Candidate Informatio	n	3. Office Sought or Held	
NAME OF OFFICEHOLDER OR CANDIDATE			ec & park board of
STREET ADDRESS	an andia	JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
CITY	STATE ZIP CODE		
		_	
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS		
. Committee Information			
	ledge that are primarily formed to rec	eive contributions or to make expenditures or	behalf of your candidacy.
COMMITTEE NAME AND I.D. NUMB	ER	COMMITTEE ADDRESS	NAME OF TREASURER
No.			
ù			
N			
5. Verification		•	
I declare under penalty of perjury that to the be-			than \$2,000 during the calendar year and that I bave
I declare under penalty of perjury that to the be-		receive less than \$2,000 and that I will spend less der the laws of the State of California that the fore	