Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	LOS ANGELES COU	For Official Use Only	-charage
		11/8/2022		— 2022 AUG 12 PM 6: — CAMPAIGN FINANC		
1.	Statement Covers Calendar Year 20 22	;				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE THOMAS COSTAN	and the transport of the con-	3. Office Sought or OFFICE SOUGHT OR HELD	Delce UNIFIED &	HOOL GOVERNING BE	_ *AP)
	ACTOP CA 93516 AREA CODE/DAYTIME PHONE NUMBER	ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	JURISDICTION (LOCATION) LOS PROLE		DISTRICT NUMBER (IF APPLICABLE)	 -
4.	Committee Information ist 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	ADDRESS NAME OF TREASURER		
-						
5.	Verification	·	rana di Santa di San Santa di Santa di Sa		en di Tiran e di Silan e di Silan Silan e di Silan e di	
	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 law going is true and correct.					
	Executed on 8/12/2022					
	DATE			TURE OF OFFICEHOLDER OR CANDIDATE		