

**Officeholder and Candidate
Campaign Statement –
Short Form**

<small>Date Stamp</small> RECEIVED BY LOS ANGELES COUNTY 2023 JUL 17 PM 2:30 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM	470
<small>For Official Use Only</small>		

Date of election if applicable: (Month, Day, Year) <hr/>	<input type="checkbox"/> Amendment (Explain Below) <hr/>
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1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dr. Eugene Krank

STREET ADDRESS
CA 90250

CITY STATE ZIP CODE
Hawthorne

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-219-3339

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Hawthorne

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
N/A	N/A	N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the

that I have used

Executed on 7/12/2023 DATE