Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	3 103	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY 7/24/23 2023 JUL 26 PM 2: 36	FORM 470 FORM For Official Use Only	
		07/18/2023		CAMPAIGN FINANCE DISCLOSURE SECTION	019756	
1.	Statement Covers Calendar Year 20 23	•		•	· ·	
2.	Officeholder or Candidate Information		3. Office Sought			
	NAME OF OFFICEHOLDER OR CANDIDATE EMILIO SISA		OFFICE SOUGHT OR H	ning Board N	lember.	
	STREETADDRESS	whiter, can	JURISDICTION (LOCAT	18705 School Box	DISTRICT NUMBER (IF APPLICABLE)	
	(562) 965-5697 AREACODE/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 NAME AND I.D. NUMBER		NAM	NAME OF TREASURER	
	NONE	por	ε	pons	•	
5 <i>.</i>	Verification					
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State				dar year and that i have used	
	Executed on 7 / 18/23 DATE		Ву			