Officeholder and Candidate Campaign Statement – Short Form						Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	☐ Ame	ndment (Explain Below)	LOS A	RECEIVED BY ANGELES COUNTY	For Official Use Only 019941
_		11/7/2023			 еА	AUG II AM II: 15 MPAIGN FINANCE	01-(-1-1)
1.	Statement Covers Calendar Year 20 23				BIO	8E0204E 2E0110# _	
2.	Officeholder or Candidate Information		3.	Office Sought o	r Held		
	NAME OF OFFICEHOLDER OR CANDIDATE WILLIAM OPEN			PIVISION	J 5 BOARD MEMBERL		
	STREET ADDRESS				JURISDICTION (LOCATION) LINUW ELOA (RECCATION) DISTRICT NUMBER (IF APPLICABLE)		
	PASA PEWA AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA 91107 OPTIONAL: FAX/E-MAIL ADDRESS				DISTRICT	
	(909) 513-4211			. •			
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			EE ADDRESS		NAME OF TREASURER	
	Verification	<u>.</u> I				<u>, , , , , , , , , , , , , , , , , , , </u>	
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less that find one and that I will are declared the find one declared that I will are declared						
	Executed on 8/11/2023			B;			