| Officeholder and Candidate Campaign Statement – | | | | Date Stamp CALIFORNIA 470 | |
|---|--|-----------------------------------|----------------------------------|---|--|
| Short Form | Date of election if applicable: (Month, Day, Year) | Amendment (Explain Below) | | RECEIVED BY ANGELES COUNT | For Official Use Only |
| | | | 2 | 022 AUG 26 AM 11: 27 | 0 20485 |
| Statement Covers Calendar Year 20 22 | | | | CAMPAIGN FINANCE | |
| Officeholder or Candidate Information | | 3. | Office Sought or Hel | d | 1 |
| NAME OF OFFICEHOLDER OR CANDIDATE | | | OFFICE SOUGHT OR HELD | | |
| David "CD" Barlavi | | | Saugus Union School Board area 1 | | |
| STREET ADDRESS | | | JURISDICTION (LOCATION) | | DISTRICT NUMBER |
| Valencia, CA 91355 | | | Los Angeles | | (IF APPLICABLE) |
| 818-571-0789 TaxLyr@gmail.com | STATE ZIP CODE | | | | |
| AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS | | | | |
| Committee Information List all committees of which you have knowledge that are primarily formed to receive COMMITTEE NAME AND I.D. NUMBER | | | tions or to make expendit | nes on behalf of your candidacy. NAME OF TREASURER | |
| None | | | | | |
| Verification | my knowledge Lantiningto that I will | receive less th | oon \$2,000 and that I will | and loca than \$2,000 during the | colondor year and that I have w |
| I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement. 08/19/2022 | my knowledge i anticipate that i will I certify under penalty of perjury un | receive less to der the laws o | f the State of California that | end less than \$2,000 during the the foregoing is true and correc | calendar year and that I have us t. |
| Executed onDATE | | | Ву | | |

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov