Officeholder and Candidate Campaign Statement – Short Form						
			<i>'</i>		Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year) Amendment (Explain Below) OS ANGELE ZUZZ AUG - L		EIVED BÝ ELES CHINT Y	FORM For Official Use Only	
				ZUZZ AUG	-4 FM 3: 52	003132
1.	Statement Covers Calendar Year 20 22	-•·		- C((1)) A	INATARE	
2.	Officeholder or Candidate Information		3.	Office Sought or Held		
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD		Protri
	SOAN WHALING MAC	CREGOR _		SANTA CINR	itA Commun	the College
	STREET ADDRESS ()	CA 91321		TRUSTEE	ita Commun - AREA 5	(IF APPLICABLE)
	SANTA CIDRITA JODAMACARGA SADILOM AREA CODE/DAYTIME PHONE NUMBER OPTIONAL DAX/EMIL 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 ADDRESS		NAM	E OF TREASURER
	- A/A					
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I consider the statement of the st	knowledge I anticipate that I will recentify under penalty of perjury under	eceive less that er the laws of	an \$2,000 and that I will spen the State of California that the	d less than \$2,000 during the	calendar year and that I have used