Officeholder and Candidate Campaign Statement – Short Form			Date of election if applicable: (Month, Day, Year)  Amendment (Explain Below)		RECEIVED LOS ANGELES	Date Stamp CALIFORNIA 470 RECEIVED BY For Official Use Only  2022 AUG -2 PM 12: 51  CALIFORNIA FORM FORM FOR ONLY FOR ON		
	<del>1 - 1</del>	2.2			CAMPAIGNE	MANCE		
1. ——	Statement Covers Calendar Year 20	30	i kurtan dal	+ (I)		Andrew Contraction		
	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE  CAYOLIVE JAUYER STREET ADDRESS  CITY WHATEX AREA CODE/DAYTIME PHONE NUMBER  567 967 1698	STATE  CA  OPTIONAL: FA	ZIP CODE 90606 AX/E-MAIL ADDRESS	Office Sought or Hoperation (Location)  White Company of the Compa	tool Dis	DISTRICT NUMBER (IF APPLICABLE)	1	
	Committee Information List all committees of which you have know			ibutions or to make expen	nditures on behalf of yo	ur candidacy. NAME OF TREASURER	.,	
	NA			,		The second secon	·· ,	
	Verification  I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar-year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of							
,	Executed on	5.78	· · · · · · · · · · · · · · · · · · ·	. Ву		IDATE		