Ca	iceholder and Candidate mpaign Statement – ort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COLINTY 70003 2013 Date Stamp	CALIFORNIA 470 FOR Official Use Only
	,	July 20,2023		—CAMPAIGN FÍNANCE	
١.	Statement Covers Calendar Year 20 23	•			
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE May Sa Peve 2 STREET ADDRESS CITY 323-359-6839 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or office sought or held Curry Surisdiction (Location) 10713 (Location) 10713	College Trustee	Area # 4 DISTRICT NUMBER (IF APPLICABLE) # 4
ı.	Committee Information ist 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 1.D. NUMBER COMMITTEE ADDRESS NAME OF TREASURER				
	hone				
j.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I ce				lendar year and that I have used