Officeholder and Candidate  Campaign Statement –  Short Form			Date Stamp CALIFORNIA 170			
				RECEIVED BY FORM		
)!	ion Form	Date of election if applicable:	Amendment (Explain Below)	8/25	LES COUMTY	. For Official Use Only
		(Month, Day, Year)		1023 AUG 2		021505
				CAMPAIG	N FINANCE	021703
1.	Statement Covers Calendar Year 20 23				RE SECTION!	
2.	Officeholder or Candidate Information		3. Office Sought or I	Held .		
	NAME OF OFFICEHOLDER OR CANDIDATE  KICKARD W. O'Weill		School Bo	oard Th	rustee	
	STREET ADDRESS		JURISDICTION (LOCATION)	CA	•	DISTRICT NUMBER (IF APPLICABLE)
	CVARemont C	STATE ZIP CODE 91711			,	
	PONCILLE CUSP. CLA	OPTIONAL: FAX/E-MAIL ADDRESS  REMONT. 204				
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.O. NUMBER	COMMITTEE ADDRESS	DMMITTEE ADDRESS NAME OF TREASURER			
	10 comittee, 10 food-724	Foly				
				· ·		
	•					
5.	Verification			,		
	I declare under penalty of perjury that to the best of my k	nowledge I anticipate that I will r	receive less than \$2,000 and that I will der the laws o	spend less than \$2	2,000 during the cale	ndar year and that I have used
	Executer				-	
	August 23, 2	023		F	FPPC Form 4 PPC Advice: advic	70/470 Supplement (Jan/2016 e@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

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