Ca	Statement Covers Calendar Year 20 23	Date of election if applicable: (Month, Day, Year)	Amer	ndment (Explain Below)	LOC FINGS  2023 UL S  CAMPA!  DISCLOS	GN FINANCE	CALIFORNIA FORM For Official Use O	170 Inly 3
2.	Officeholder or Candidate Information		3.	Office Sought			· · · · · · · · · · · · · · · · · · ·	
	Paula Amezola De Herrera Cul				er City Unified School District			
		CA 90230		GOVERNO	. •	ard Member	(IE ADDI ICADI E)	3
	424-341-8872 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE  OPTIONAL: FAX / E-MAIL ADDRESS			. 0	•	•	
1.	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				NAME OF TREASURER		
	NA		,					٠.
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ŝ.	Verification							
٠	I declare under penalty of perjury that to the best of my kall reasonable diligence in preparing this statement. I ce	nowledge I anticipate that I will re rtify under penalty of perjury unde	eceive less # er the laws	nan \$2 000`and that	I will enend less	than \$2 000 during the cal	ender year and that I h	nave used
	Executed on 7/27/23							
	·							