Officehold and Candidate Campaign atement – Short Form					Oale Stamp	califor 470
•	onort Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Bolow)	in the same of the	**************************************	For Official Use Only
-		November 5,202	y	T.05 /	HOEFES COLLAIA	
1.	Statement Covers Calendar Year 20 23		,	CAM	PAICY THIS	
2.	Officeholder or Candidate Information		3. Office Sought or F			
	NAME OF OFFICEHOLDER OR CANDIDATE		DI CECTOR	DIV	ison 1	
	West Covina	CA 41792	JURISDICTION (LOCATION)	9		DISTRICT NUMBER (IF APPLICABLE)
	626 - 353 - 4215 AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE VINSUE RVD. D.O. OPTIONAL: FIX I E-MAIL ADDRESS	_			,
4.	Committee Information List all committees of which you have knowledge th	at are primarily formed to rece	ive contributions or to make exper	nditures o		acy.
	COMMITTEE NAME AND LL. NUMBER	N.	COMMITTEE ADDRESS		News	OF TREASURER
	,	e	* A	- C.		
		사 다.	•			
5.	Verification					
	I declare under penalty of perjury that to the best of my kall reasonable diligence in preparing this statement. I cer	nowledge I anticipate that I will re rify under penalty of perjury under	eceive less than \$2,000 and er the laws of the State of C	1		i that I have us
	Executed on 07/21/2023	£	Ву			

FPPC Form 470/470 Supplement (Issue)
FPPC Advice: advice@fppc.ca.gov. (Issue)