	•		5/10/22 F	B_		COVER PAGE
Recipient Committee Campaign Statement		Date Stamp	at Mal	ALIFORNI. FORM	<sup>A</sup> 460	
Cover Page	Statement covers period	Date of Election if applicable	0000 445 4 4			of 4
	from 01/30/2022	11/03/2020	2022 MAY 11	- 1	i oi oilloid	l Use Only
	through 04/23/2022	(Month, Day, Year)	GAMPAISE I	THA KE	CIOLO	1
1. Type of Recipient Committee  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall General Purpose Committee Sponsored Small Contributor Committee Officeholder Committee Officeholder Committee		2. Type of Statement Pre-election State Semi-Annual State Termination State Amendment	t ement			
Political Party/Central Committee  3. Committee Information	I.D. Number 1366498	Treasurer(s)		Sig	houle	ine
COMMITTEE NAME		NAME OF TREASURER				
Mike Fong for Community College Board Trustee 2024		Jane Leiderman				
÷		STREET ADDRESS				
STREET ADDRESS (NO PO BOX)		CITY		STATE	ZIP CODE 91436	AREA CODE/PHONE 323/655-4065
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASUR	RER, IF ANY			
Encino CA 91436 323/655-4065 MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS				
MAILING ADDITION (II DITT ENERTY)		OTTLE! ADDITION				
CITY	TATE ZIP CODE	CITY		STATE	ZIP CODE	AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS	<del></del>	OPTIONAL: FAX / E-MAIL ADDR	RESS			
4. Verification  I have used all reasonable diligence in prepari complete. I certify under penalty of perjury under penalty of	-		dge the informate and correct.	tion conta	ined herei	in is true and
410 123			REASURER			_
Executed on 1/2+/22 By	/		PONENT OR RESPONSI	BLE OFFICER O	FSPONSOR	
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT					
Executed on By	By					_
	SIGNATURE OF	CONTROLLING OFFICEHOLDER, CANDIDA	TE, STATE MEASURE PROPO	NENT		rm 460 -(JAnı∠υ το) state of California/SI