Ca	ficeholder and Candidate mpaign Statement – ort Form		ection if applicable: nth, Day, Year)	□ Amer	dment (Explain Below) OS A	Date Stamp ECTIVED BY NGELES COUNTY UG-4 AM 9: 35 PAIGN FINANCE	CALIFORNIA 470 FORM For Official Use Only	נ
1.	Statement Covers Calendar Year 20 23							
2.	NAME OF OFFICEHOLDER OR CANDIDATE MARGO BEYLEN	3. Office Sought or Held OFFICE SOUGHT OR HELD RIDGE CREST RANCE.				tos Recreation * Park District		
	CITY 310 9910 991 AREA CODE/DAYTIME PHONE NUMBER	STATE OPTIONAL:	CA 9027 ZIP CODE FAX/E-MAIL ADDRESS	<u>-</u>	JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
 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		COMMITTE	E ADDRESS		NAME OF TREASURER		
					*			
5.	Verification I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.							
	Executed on August 415 2023	·						

70 Supplement (Jan/2016) ppc.ca.gov (866/275-3772). www.fppc.ca.gov