Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED BY (Y	For Official Use Only
		NOV: 7, 2027		2029 AUG II AM 10: 29	
1.	Statement Covers Calendar Year 20 🔏	<u>23</u> .		PISOFOSOKE SECTION	
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE TOM CLARK		3. Office Sought or OFFICE SOUGHT OR HELD SOALD OF JURISDICTION (LOCATION)		
	CITY LITTIC ACCK AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA, 95543 OPTIONAL: FAX/E-MAIL ADDRESS	, ,	HOBE IRLHAMON DISTART,	DISTRICT NUMBER (IF APPLICABLE)
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.D. NUMBER		COMMITTEE ADDRESS	NAME	OF TREASURER
5.	Verification I declare under penalty of perjury that to the best all reasonable diligence in preparing this statement by the			vill anond lose than ©? NOO during the or	alondar year and that I have used