Officeholder and Candidate Campaign Statement – Short Form		7/29/22 Date Stamp CALIFORNIA FORM			
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below) LOS AN	3-2 PM 12: 49	For Official Use Only
1.	Statement Covers Calendar Year 20	₹.		HONTINANCE	
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE John Day ton Richold STREET ADDRESS		3. Office Sought or Held OFFICE SOUGHT OR HELD GOVERNING BO JURISDICTION (LOCATION) (astan'c Un	out member	DISTRICT NUMBER (IF APPLICABLE)
	CITY (astaic AREA CODE/DAYTIME PHONE NUMBER 66(-312-5829	STATE ZIP CODE CA 91384 OPTIONAL: FAX / E-MAIL ADDRESS		pistifot	
4.	Committee Information List all committees of which you have knowledge COMMITTEE NAME AND I.D. NUMBER	that are primarily formed to reco	eive contributions or to make expenditure		acy.
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. It is secured on	knowledge I anticipate that I will recritify under penalty of perjury und	receive less than \$2,000 and that I will spend der the laws of the State of California that the	less than \$2,000 during the of foregoing is true and correct	calendar year and that I have use