Officenoider and Candidate Campaign Statement – Short Form				Date Stamp	CALIFORNIA 470
٠.,		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	LOS ANGELES COUNT	For Official Use Only
				- 2022 AUG -1 PM 5: 05 - CAMPAIGN FINANCE	
1.	Statement Covers Calendar Year 20	<u> </u>		SIGN FINANCE	· · · · · · · · · · · · · · · · · · ·
2.	Officeholder or Candidate Information		3. Office Sought or H	eld	
	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD			
	Fearcisco Javier Saurana		SOUTH WHITT!	ER SCHOOL DISTRICT	AREA I
	STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)
		-		S ANGELES County	
	CITY	STATE ZIP CODE 9060 5	₹92		
	AREA CODE DAYSIME PHONE NUMBER 562 279 4329	OPTIONAL: FAX / E-MAIL ADDRESS			
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	ITTEE ADDRESS NAME OF TREASURER	
	<u>,, </u>				
				1.	
5.	Verification				
	I declare under penalty of perjury that to the best of m all reasonable diligence in preparing this statement. I	y knowledge I anticipate that I will r certify under penalty of perjury und	receive less than \$2,000 and that I will s der the laws of the State of California tha	pend less than \$2,000 during the ca at the foregoing is true and correct.	elendar year and that I have use
	Executed on 08/01/2022	· · ·		GNATI IRE DE OFFICEHOI DER OR CANDIDATI	F