

**Officeholder and Candidate
Campaign Statement –
Short Form**

5122

02/15/23 ①

<p>Date of election if applicable: (Month, Day, Year)</p> <p>October 2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2023 FEB 17 PM 3:05</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sen Reyna Abram

STREET ADDRESS _____

CITY STATE ZIP CODE
CA 93243

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661.248.6441

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Gorman - Los Angeles County

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 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 information provided is true and correct.

Executed on 10/30/2022 DATE

By _____