Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA 470 FILED FORM
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	SENDY PEREZ, COUNTY CLIFFING For Official Use Only JUN 1 2 2023 DEPUT
1.	Statement Covers Calendar Year 20 23			- n
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS CIT AREA CODE/DAYTIME PHONE NUMBER CITALIAN CITALIAN	OPTIONAL: FAX / E-MAIL ADDRESS	3. Office Sought or H OFFICE SOUGHT OR HELD OUSD JURISDICTION (LOCATION)	Board Member JISTRICT 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			
			OUMINITEE ADDITES	NAME OF TREASURER
5.	Verification I declare under penalty of perjury that to the best of my kall reasonable diligence in preparing this statement. I ce	nowledge I anticipate that I will retify under penalty of perjury und	eceive less than \$2,000 and that I will s er the laws of the State of California tha	pend less than \$2,000 during the calendar year and that I have used at the foregoing is true and correct. FPPC Form 470/470 Supplement (Jan/2016)

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov