Officeholder and Candidate Campaign Statement - Short Form				SENDY PEREZ, COUNTY CLERI	SENDY PEREZ, COUNTY CLER	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	MAR 1 0 2022	FORM For Official Use Only	
		June 7, 2022		EPUTY		
1.	Statement Covers Calendar Year 2	20 22				
2.	. Officeholder or Candidate Information			3. Office Sought or Held		
	NAME OF OFFICEHOLDER OR CANDIDATE DUDYLE 12- Herr	•	OFFICE SOUGHT OR HELD District Attorney			
	STREET ADDRESS		JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)			
	willey	STATE ZIP COD	58&			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL/				
	5-30, 5-17-1884					
4.	Committee Information .ist all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.					
			COMMITTEE ADDRESS			
 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 foregoing is true and correct.					
	Executed on 10 Mark DATE	Ву	DER OR	CANDIDATE		
	Clear Form Print Form					