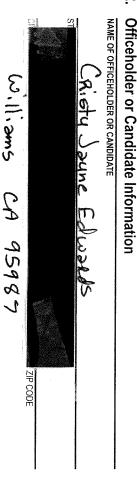
Short Form Campaign Statement -Officeholder and Candidate

Date of election if applicable: (Month, Day, Year) ☐ Amendment (Explain Below) SQUADAY XIETO XIMIO VATIO SECTION SOUR Date Stamp **CALIFORNIA** For Official Use Only

Statement Covers Calendar Year 20 22



OFFICE SOUGHT OR HELD JURISDICTION (LOCATION) plusa County Clerk & Recorder 0/052 La Under (IF APPLICABLE)

Office Sought or Held

Committee Information

AREA CODE/DAYTIME PHONE NUMBER

E

95987

OPTIONAL: FAX / E-MAIL ADDRESS

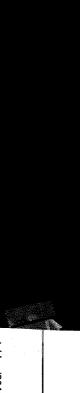
530 - 586 - 0717

COMMITTEE NAME AND ID NIJMBER	PONMITTEE ADDRESS	י איניי אין דפרייטונים ביי איניי אין דפרייטונים ביי
	COMMITTEE ADDITEOS	RAME OF TARACARA

Verification

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 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

Executed on.



Š

FPPC Advice: advice@fppc.ca.gov (866/275-3772) lent (Jan/2016)

www.fppc.ca.gov