Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	california 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED AU3 02 2021 CITY GLERK	For Official Use Only
1.	Statement Covers Calendar Year 20 2				
	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE CITY AREA CODE/DAYTIME PHONE NUMBER	OFFICE SOUGHT OR HELD JURISDICTION (LOCAPTON) SCAM JOACHUM DISTRICT 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 ID NUMBER COMMITTEE ADDRESS NAME OF TREASURER				
	ND Committee	2021 NO	Committee 20	021 NO GOT	nutteo 202;
5.	Verification I declare under penalty of perjury that to the best of mall reasonable diligence in preparing this statement. I	y knowledge I anticipate that I wil certify under penalty of perjury u	ll receive less than \$2,000 and that I wil nder the laws of the State of Califo By	ll spend less than \$2,000 during the	calendar year and that I have used