

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

Date Stamp	RECEIVED BY LOS ANGELES COUNTY 2022 OCT 31 PM 4:06 PROPOSITION B UNL	CALIFORNIA FORM	470
		For Official Use Only	

Date of election if applicable: (Month, Day, Year) <u>6-7-22</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tammy Solis

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER
(626) 422-2909

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LOS ANGELES County BOARD SUPERVISOR

JURISDICTION (LOCATION)
LOS ANGELES CA.

DISTRICT NUMBER (IF APPLICABLE)
1ST District

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
<u>NONE</u>	<u>N/A.</u>	<u>N/A</u>

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 10.5.22 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

CASE # 2022-00666