

RW

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

Date of election if applicable:
(Month, Day, Year)
06-07-2016

Amendment (Explain Below)
No Donation
will be Accepted

Date Stamp
4/26/14
RECEIVED BY
LOS ANGELES COUNTY
2016 APR 28 PM 4:35
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
RAJ PAL KAHLON

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Los Angeles County Board of Supervisor

JURISDICTION (LOCATION)
L. A. County Dist 5

DISTRICT NUMBER (IF APPLICABLE)
5

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>None</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 04-26-2016
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE