Campaign Statement -	And II.		0 4/26/14	FORM 470
Short Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below) No Donation Will be Accepted	RECEIVED BY FORM 470 LDS ANGELES COUNTY 2016 APR 28 PM 4: 35 CAMPAIGN FINANCE	
1. Statement Covers Calendar Year	20 16.		1 The Part was proper	eq by the F.dh Petitical
2. Officeholder or Candidate Inform	nation	3. Office Soug	tht or Held	
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT (
RAJPAL KAH	ILON	LosiAng		
STREET ADDRESS		JURISDICTION (LOC		DISTRICT NUMBER (IF APPLICABLE)
CITY	STATE ZIP CO	L. A. C	ounty DIST 5	(IFAFFLICABLE) 5
	- chiggs	e'aegad admestae		
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL	ADDRESS		
4. Committee Information	closofe (Tale lie vill direction)	h the apdigmaton of cardidatos, or cydinat the west of the electron.	In a filtered city affect	at ungulacion ane capy w
List all committees of which you have knowledge that are primarily formed to receive contribution. COMMITTEE NAME AND I.D. NUMBER COMMITTEE ADDRESS			r to make expenditures on behalf of your candidacy. NAME OF TREASURER	
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ward the calendary year	vital, nu pilot		Local Enctions	
Harre	the Fest Campoid			
5 Verification	Harrist Harris			

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.

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SIGNATURE OF OFFICEHOLDER OR CANDIDATE