

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

Date of election if applicable:
(Month, Day, Year)

06/07/2022

Amendment (Explain Below)

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 APR 28 PM 4:51 PROPOSITION B UNIT	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KARLA Y. CARRANZA
STREET ADDRESS

CITY STATE ZIP CODE
CA CA 90015

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(562)882-7131 KarlaCarranza.4.LASHERIFF@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LOS ANGELES COUNTY SHERIFF
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LOS ANGELES

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

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 04/28/22
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE