Date of election if applicable: (Month, Day, Year) Amendment (Explain Below) SEP 2 4 2020 BY: SEP 2 4 2020 SEP	470
1. Statement Covers Calendar Year 20 20 2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE MARIA Wilson STREET ADDRESS CITY STATE ZIP CODE ORANGE OFFICHALDER OF CANDIDATE AREACODE CONTINUE PHONE NUMBER OFFICHAL FAX IT EMAIL ADDRESS 2 mariawilson2008@comcast.ne 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 NA	Only
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5. Verification	
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 the 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	I have used
September 24, 2020 Executed on By, SIGNATURE OF OFFICEHOLDER OR CANODIDATE	