

MEMBER/OFFICER/EMPLOYEE FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

MC

Name of Requestor: Rep. Ami Bera	Date:	05-14-2024		
Please type or print legibly	_			
Employing Member/Committee/Office: Rep. Ami Bera		Es .	202	題
Financial Disclosure Statement Type (check one): Annual (CY 2023) Amendment New Em The length of time for which extension is requested (check one):		Termination Vives	HAY IS AHII: 00	EGISLATIVE RESOURCE CENTER
30 days 60 days 90 days Other	fy number	r of days or specific date		
Days granted: 30 (If days granted differ from days requested)			-	
(If days granted differ from days requested) Reason: Total days requested exceeds 90.				
Your request for an extension of time in which to file the referenced above is hereby granted. Your FD must be filed Ethics Committee may grant additional requests, which may refrom the original due date. Please note that if the date listed it you intend to file using the paper form, your FD must be relater than close of business on the last business day before that date.	l on or not, in t n this p ceived	the aggregate, exceed baragraph is on a weel by the Clerk of the F	The 90 days kend and louse no	e s il
Date: 5/16/2024				
				_
Chairman	Ra	nking Member		

Copy to: Legislative Resource Center, B-81 CHOB

(This page will be publiely disclosed)