Ca	fficeholder and Candidate ampaign Statement –			Date Stamp	CALIFORNIA 470 FORM For Official Use Only
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED 13 NOV 0-5-2023	
		March 5, 2024		KINGS COUNTY ELECTIONS	
1.	Statement Covers Calendar Year 20 24	<u>.</u> .			
2.	NAME OF OFFICEHOLDER OR CANDIDATE MANIANA C. GILBERT CITY STATE ZIP CODE HANGO AREA CODE/DAYTIME PHONE NUMBER OFFICE SOUGHT OR HELD KLINGS COUNTY Superior Court Judy JURISDICTION (BOCATION) KLINGS COUNTY JURISDICTION (BOCATION) KLINGS COUNTY STATE ZIP CODE (FAPPLICABLE) SAA OPTIONAL: FAX/E-MAIL ADDRESS				
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	
	None				
5.	Verification I declare under penalty of perjury that to the best of mall reasonable diligence in preparing this statement. I	y knowledge I anticipate that I will r certify under penalty of perjury und	receive less than \$2,000 and that I will spicer the laws of the State of California that By	pend less than \$2,000 during the contect. If the foregoing is true and correct. SIGNATURE OF OFFICEHOLDER OR CANDIDA	