| Officeholder and Candidate Campaign Statement – Short Form | | Date of election if applicable: Amendment (Explain Below) | | Date Stamp RECEIVED | CALIFORNIA 470 FORM For Official Use Only | |
|--|---|--|--|-----------------------|---|--|
| | | (Month, Day, Year) | Amendment (Explain Below) | JUL 2 3 2024 | TOT ORICIAI OSS OTRY | |
| | | Novas 2024 | | KINGS COUNTY ELECTION | S | |
| 1. | Statement Covers Calendar Year 20 🧟 🤟 | •• | | | | |
| 2. | Officeholder or Candidate Information | | 3. Office Sought or Held | <u></u> | | |
| | NAME OF OFFICEHOLDER OR CANDIDATE ANNUAL Brazh | | | | woter District NUMBER | |
| | Hendrel C.A. 93238 Kings County | | | У | DISTRICT NUMBER (IF APPLICABLE) | |
| | CITY STATE ZIP CODE | | | | | |
| | AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX/E-MAILADDRESS | | | | |
| 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 NAME AND I,D, NUMBER | | NAME | 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 use all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the forestioning is true and correct. | | | | | |
| | Executed on 7-23-21 By | | | | | |
| | DATE | 7 | SISTATURE OF OFFICEHOLDER OR CANDIDATE | | | |