Officeholder and Candidate Campaign Statement – Short Form	Date of election if applicable: (Month, Day, Year) Amendment (Expiain Below)		Date Stamp RECEIVED	CALIFORNIA 470 FORM For Official Use Only	
	Nov. 5 2024		- KINGS COUNTY ELECTION	6	
1. Statement Covers Calendar Year 20 _*					
2. Officeholder or Candidate Information		3. Office Sought or He	eld		
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		\	
Anthony & Azevedo	JURISDICTION (LOCATION) Strate		DISTRICT NUMBER (IF APPLICABLE)		
CITY AREA CODE/DAYTIME PHONE NUMBER	STATE ZIPCODE TONY C 33 1C. COV OPTIONAL: FAX/E-MAIL ADDRESS	<u>. </u>	•		
4. Committee Information List all committees of which you have knowledge	e that are primarily formed to rece	eive contributions or to make expend	itures on behalf of your candidac	y.	
COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME C	NAME OF TREASURER	
NIA					
5. Verification					
I declare under penalty of perjury that to the best of n all reasonable diligence in preparing this statement.	ny knowledge I anticipate that I will r I certify under penalty of perjury und	receive less than \$2,000 and that I will sp ler the laws of the State of California tha	pend less than \$2,000 during the cal t the foregoing is true and correct.	lendar year and that I have used	
7/10/24					