Ca	iceholder and Candidate mpaign Statement –			Date Stamp RECEIVED	CALIFORNIA 470
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 3 1 2024	For Official Use Only
		NOV 5 2024		KINGS COUNTY ELECTIONS	
1.	Statement Covers Calendar Year 20 <u>건너</u>	•••			· · ·
2.	Officeholder or Candidate Information		3. Office Sought or He	ld	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD		Arta 2
	Antonio Bon. 10 STREET ADDRESS DURISDICTION (LOCATION)			Unified School Du	Strict Govering Boar
	STREET ADDRESS JURISDICTION (LOCATION)				DISTRICT NUMBER (IF APPLICABLE)
	CITY	STATE ZIP CODE	Avenal/	Kettleman city	
		CA 93204			
	AVENCE L AREACODE/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 J.D. NUMBER		COMMITTEE ADDRESS	NAME OF TREASURER	
	NIA	***************************************			
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	NIA				
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 used 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.				
	Executed on			SIGNATURE OF OFFICEHOLDER OR CANDIDA	TE TE