

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/5/24	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED JUL 31 2024	CALIFORNIA FORM 470 For Official Use Only
		KINGS COUNTY ELECTIONS	

1. Statement Covers Calendar Year 20 ~~23~~ 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Steven S Brown

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Corcoran Ca 93212

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Corcoran Hospital District Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Corcoran

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
NA		
N/A		

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 7/31/24 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE