Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable:			Date Stamp RECEIVED	CALIFORNIA 470
		(Month, Day, Year)	Ame	ndment (Explain Below)	_ AUG 0 1 2024	For Official Use Only
		NOU5, 2024			KINGS COUNTY ELECTION	c.
1.	Statement Covers Calendar Year 20 24					
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS 2/3 T AUE		3. 	OFFICE SOUGHT OR HELD		DISTRICT NUMBER (IF APPLICABLE)
	CITY AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE C.F. 93346 OPTIONAL: FAX/E-MAIL ADDRESS	7		2004	(IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive or committee NAME AND I.D. NUMBER			ntributions or to make expenditures on behalf of your candidacy. MMITTEE ADDRESS NAME OF TREASURER		
	N/A					
	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	2024		Ву	SIGNATURE OF OFFICEHOLOER OR CANDIDA	TE .
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