

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)  <u>11/5/2024</u>	<input type="checkbox"/> Amendment (Explain Below)  _____  _____	Date Stamp <b>RECEIVED</b>  AUG 07 2024	<b>CALIFORNIA FORM 470</b>  For Official Use Only
		KINGS COUNTY ELECTIONS	

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Mavi M. Sandoval

STREET ADDRESS

Millhan Kettleman City, CA

CITY

STATE

ZIP CODE

93239

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

mavisandoval@rocketmail.com

OFFICE SOUGHT OR HELD

Kettleman City Community Service District

JURISDICTION (LOCATION)

Kettleman City

DISTRICT NUMBER  
(IF APPLICABLE)

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

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 8/7/2024  
DATE

By [Redacted Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE