

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)
11/5/24

Amendment (Explain Below)

Date Stamp
RECEIVED

AUG 08 2024

KINGS COUNTY ELECTIONS

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

[Redacted] 1st PI

STREET ADDRESS

Hamford CA 93230

CITY

STATE

ZIP CODE

[Redacted]

AREA CODE/DAYTIME PHONE NUMBER

mdwan@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

Home Garden Community Services District

JURISDICTION (LOCATION)

Hamford, CA

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 8/18/24
DATE

By [Redacted Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE