Officeholder and Candidate Campaign Statement – Short Form				Date Stamp RECEIVED	CALIFORNIA FORM	470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	AUG 0 9 2024	For Official L	Jse Only	
		11/5/24		KINGS COUNTY ELECTIONS			
١.	Statement Covers Calendar Year 20 24	•					
2.	Officeholder or Candidate Information		3. Office Sought or Held			•	
	NAME OF OFFICEHOLDER OR CANDIDATE CUU (Valads			board Area Z		***************************************	
	STREET ADDRESS Fremont St	n, CH Avened 9320	JURISDICTION (LOCATION) 54 Avenu (A	-	DISTRICT NUMBER (IF APPLICABLE)	2	
	CITY	STATE ZIP CODE					
	ÄREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS	<u> </u>				
١.	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	COMMITTEE ADDRESS NAME OF TREASURER			
					W W W W W W W W W W W W W W W W W W W	71 (to 10 days dam)	
i.	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 8/9/24	AH400-3-1	Ву	SIGNATURE OF OFFIÇEHOLDER OR CANDIDATI	***************************************		
	· DAIL			OWNER OF OF THE EUGENER OF CHANDING	-		