

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
5 AUGUST 2024

Amendment (Explain Below)

Date Stamp RECEIVED AUG 08 2024	CALIFORNIA FORM 470
For Official Use Only	
KINGS COUNTY ELECTIONS	

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
TERESA P. ENCLAND-ROZEMAN

STREET ADDRESS
[REDACTED] RAILROAD AVE CA. 93702

CITY STATE ZIP CODE
ARMONA CA. 93702

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
ARMONA COMMUNITY SERVICE DISTRICT

JURISDICTION (LOCATION)
KINGS COUNTY

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
N/A		
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 8 AUGUST 2024
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE