Ca	mpaign Statement –			Date Stamp RECEIVED	CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	AUG 0 8 2024	For Official Use Only	
		5 Nov 2027		KINGS COUNTY ELECTION	√S	
1.	Statement Covers Calendar Year 20 2					
2.	Officeholder or Candidate Information		3. Office Sought or Hel	d		
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD					
	STREET ADDRESS LOS ACTO HAS JURISDICTION (LOCATION)			wedside illi	salon DrivicT	
	STREET ADDRESS LOS ACTOS H. (1) JURISDICTION (LOCATION) DISTRICT NUMBER (FAPPLICABLE)					
	TATE DRIVE CA 94022					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	_			
4.	Committee Information					
	List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditu-			ures on behalf of your candidacy.		
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME (NAME OF TREASURER	
	N/A					
	NA					
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 use 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 Ary 2027 Date By Signature of OfficeHolder or Cambidate					
	DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE					