

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 09 2024
KINGS COUNTY ELECTIONS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information
NAME OF OFFICEHOLDER OR CANDIDATE
Eduardo Maldonado
STREET ADDRESS
E San Joaquin St
CITY CA STATE 93204 ZIP CODE
AREA CODE/DAYTIME PHONE NUMBER
OPTIONAL: FAX / E-MAIL ADDRESS emaldonado008@gmail.com

3. Office Sought or Held
OFFICE SOUGHT OR HELD
School Board Member
JURISDICTION (LOCATION)
Reef Sunset Unified School District
DISTRICT NUMBER (IF APPLICABLE)
Area 4

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
<u>N/A</u>		

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 8/9/24 DATE
By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE