

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
11/5/2024

Amendment (Explain Below)

Date Stamp  
RECEIVED  
OCT 04 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  
Alicia Ramirez

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
ARMONA, CA 93202

AREA CODE/DAYTIME PHONE NUMBER  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
Ramirez.Alicia162@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD KINGS COUNTY BOARD OF EDUCATION TRUSTEE DISTRICT 5

JURISDICTION (LOCATION) KINGS COUNTY D 5

DISTRICT NUMBER (IF APPLICABLE)  
5

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
<del>RAMIREZ FOR KINGS COUNTY BOARD OF EDUCATION TRUSTEES ALICIA # 14336466</del>	<del>P.O. Box 761 ARMONA CA 93202</del>	<del>DAISY DE LATORRE</del>

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 10/4/24  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement

Amendment (Explain Below)

Date Stamp

CALIFORNIA  
FORM 470  
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Alicia Ramirez

STREET ADDRESS

[REDACTED]

Mountain  
P.O. BOX 761 ARMONA CA 93202

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Kings County

DATE OF ELECTION (MONTH, DAY, YEAR)

NOVEMBER 5, 2024

DISTRICT NUMBER  
(IF APPLICABLE)

5

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/4/24

(MONTH, DAY, YEAR)