Officeholder and Candidate Campaign Statement –				Date Stamp CALIFORNIA 470	
Short Form	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	SENDY PEREZ, COUNTY CLERK FEB 0 2 2024 BY	For Official Use Only	
Statement Covers Calendar Year 20	24				
2. Officeholder or Candidate Informatio	n	3. Office Sought or H	eld		
NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS	tenert		my Dishred Atto		
CITY	STATE ZIP CODE	JURISDICTION (LOCATION)	County	DISTRICT NUMBER (IF APPLICABLE)	
AREA CODE/DAYTIME PHONE NUMBER 530.517. 1884	C4 SJEGE OPTIONAL: FAX / E-MAIL ADDRESS	_			
4. Committee Information List all committees of which you have know	i.	eive contributions or to make expend	V	cy. OF TREASURER	
None			¥		
5. Verification I declare under penalty of perjury that to the best all reasonable diligence in preparing this statem Executed on The Lorentz Control of the control of th	et of my knowledge I anticipate that I will rent. I certify under penalty of perjury und	eceive less than \$2,000 and that I will s er the la <u>ws of the State of California tha</u>	pend less than \$2,000 during the ca at the foregoing is true and correct	lendar year and that I have used	
			FPPC Form 4	—— 470/470 Supplement (Jan/2016)	

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov