Officeholder and Candidate Campaign Statement – Short Form				Date Stamp CALIFORNIA FORM FORM
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	For Official Use Only
		11/05/24		By: Del St LL SV St VI
1.	Statement Covers Calendar Year 20 24			
2.	Officeholder or Candidate Information		3. Office Sought or	Held
	NAME OF OFFICEHOLDER OR CANDIDATE USUS STREET ADDRESS NAME OF OFFICEHOLDER OR CANDIDATE USUS STREET ADDRESS		OFFICE SOUGHT OR HELD Mendota JURISDICTION (LOCATION)	City Counci / DISTRICT NUMBER (IF APPLICABLE)
		STATE ZIP CODE	Mendota	CH N/A
	CITY	STATE ZIF CODE		
	AREÁ CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS		
	/			
4.	Committee Information List all committees of which you have knowledge the	nat are primarily formed to rec	eive contributions or to make expe	nditures on behalf of your candidacy.
	COMMITTEE NAME AND I.D. NUMBER		COMMITTEE ADDRESS	NAME OF TREASURER
				,
	NA		N/A	N/A
	NA		V/A	NA
5.	Verification		,	
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I c	knowledge I anticipate that I will ertify under penalty of perjury under	receive less than \$2,000 and that I wil der the laws of the State of California	spend less than \$2,000 during the calendar year and that I have used hat the foregoing is true and correct.
	Executed on 7 /31/24		Ву	
	DATE			
				Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov