Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable:
(Month, Day, Year)

Nov 5, 2024

☐ **Amendment** (Explain Below)

CALIFORNIA FORM 470

For Official Use Only

021733

1. **Statement Covers Calendar Year 20** _24_ .

2. **Officeholder or Candidate Information**

   NAME OF OFFICEHOLDER OR CANDIDATE
   Holly Vandenbonck

   STREET ADDRESS

   CITY
   Palos Verdes Estates

   STATE *CA* ZIP CODE *90274*

   AREA CODE/DAYTIME PHONE NUMBER
   310 779 3719

   OPTIONAL: FAX / E-MAIL ADDRESS
   joevand@cox.net

3. **Office Sought or Held**

   OFFICE SOUGHT OR HELD
   Board of Trustees

   JURISDICTION (LOCATION)
   Palos Verdes Library District

   DISTRICT NUMBER (IF APPLICABLE)

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

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 _____*July 16, 2024*_____
   DATE