

**Officeholder and Candidate
Campaign Statement –
Short Form**

NO POST

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information MICHAEL RAY EUGENIO

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

ARTESIA CALIFORNIA 90701

562 274. 3007

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

ABC USD SCHOOL BOARD MEMBER

ARTESIA TRUSTEE AREA 1 562 926 5566

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>		
<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 JULY 27, 2024 7/27/2024

DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE