Officeholder and Candidate Campaign Statement –				RECEIVED BY FORM 470	
Short Form	Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	2024 JUL 31 AMII: 56 CAMPAIGN FINANCE	For Official Use Only	
Statement Covers Calendar Year 20 .	24.		PERCHAP		
2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Jennifer De Baca STREET ADDRESS CITY What is the 900 AREA CODE/DAYTIME PHONE NUMBER (562) 822-5028	Sandral STATE ZIP CODE	3. Office Sought or Held Whittu JURISDICTION (LOCATION) LOS PANG	les County	DISTRICT NUMBER (IF APPLICABLE)	
4. Committee Information List all committees of which you have knowledge of the committee NAME AND I.D. NUMBER		eive contributions or to make expen		F TREASURER	
5. Verification I declare under penalty of perjury that to the bes all reasonable diligence in preparing this statem 1	st of my knowledge I anticipate that I will ent. I certify under penalty of perjury und	receive less than \$2,000 and that I will der the laws of the State of College to the State of College	spend less than \$2,000 during the cale	endar year and that I have used	