Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	☐ Amen		Date Stamp  DELVED BY  GELES COUNTY  GELES C	CALIFORNIA FORM For Official U	470 Use Only	
1.	Statement Covers Calendar Year 20	24.		CAMP	Alua i nomos			
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  YVETTE STEVENSON PO  CITY  562-447-6909  AREA CODE/DAYTIME PHONE NUMBER	OFFICE SOUGHT OR HELD DINECTOR  JURISDICTION (LOCATION) OVERHARD LOCATION DISTRICT NUMBER (IF APPLICABLE)  STATE ZIP CODE USROODWD. UP						
4.	Committee Information List all committees of which you have knowled COMMITTEE NAME AND I.D. NUMBER	lge that are primarily formed to reco	rimarily formed to receive contributions or to make expenditures  COMMITTEE ADDRESS			on behalf of your candidacy.  NAME OF TREASURER		
5.	Verification  I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement   Executed on   DATE	of my knowledge I anticipate that I will it. I certify under penalty of perjury und	i		1		have used	

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