

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

Date of election if applicable: (Month, Day, Year)  _____ _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED LOS ANGELES COUNTY	For Official Use Only
2024 AUG 16 PM 3:09	
CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE		
Kevin M. Gilliland		
STREET ADDRESS		
CITY	STATE	ZIP CODE
Quartz Hill	Ca	93536
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
(661) 478-9075		

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	
Director Division 4	Palm Ranch Irrigation District
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
District	

**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
N/A		

**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 law

Executed on August 13, 2024  
DATE