

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

11-5-24

☐ Amendment (Explain Below)

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Date Stamp  
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CAMPAIGN FINANCE

CALIFORNIA  
FORM 470

For Official Use Only

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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mateo Olivarez

STREET ADDRESS

CITY

CA

STATE

93550

ZIP CODE

661-305-8590

AREA CODE/DAYTIME PHONE NUMBER

Palmerton CA

OPTIONAL: FAX / E-MAIL ADDRESS

Mateo Olivarez @ Sberglebalet

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope Valley Medical Center Board Director

JURISDICTION (LOCATION)

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

10-10-24

DATE

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OFFICE OR CANDIDATE