Officeholder and Candidate				يهافئ المشاشة وي شامانا شامانا		, ·
Campaign Statement Form 470 Supplement		☐ Amendmer	it (Explain Below)	OS AFRICSTANDS TOUT 2024 SEP 12 PM 1: 2	CALIFORNIA FORM	470 SUPPLEMEN
SEE INSTRUCTIONS ON REVERSE			Ţ.·.	CAMPAIGN FRAME	For Official	Use Only
This form is written notification that the officeholder/candidate liste made expenditures of \$2,000 or more during the calendar year.	d below has received	contributions totaling	\$2,000 or more or has	6m		
Officeholder or Candidate Information						
NAME OF OFFICEHOLDER OR CANDIDATE	, :	·				
Cynthia Sanchez						
STREET ADDRESS						
					,	
CITY	STATE	ZIP CODE				
Palmaale  AREA CODE/DAYTIME PHONE NUMBER	CA ODTIONAL FA	93550 X/E-MAILADDRESS	· ·			
661.675.5598			gmair.com			
2. Office Sought						
Palmdale Water District DATE OF ELECTION (MONTH, DAY, YEAR)			DISTRICT NUM (IF APPLICABLE			
II OS 2024		,				
3. Date Contributions Totaling \$2,000 or More Were	Received or Date	e Expenditures o	\$2,000 or More W	ere Made	1	
09 07 2024						•