Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	AUG 0 7 2024	For Official Use Only	
		11-5-24	CC	CRISTY JAYNE EDWARDS DLUSA COUNTY CLERK-RECORDER -		
1.	Statement Covers Calendar Year 20					
2.	Officeholder or Candidate Information		3. Office Sought or Hel	ld		
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD			
	DANIEL AZEVEDD		MAXWELL PAK	KS PREC.		
4	STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
•	CITY	STATE ZIP CODE	MAXWELL		(
	-	STATE ZIP CODE				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
	530-526-4141					
4.	Committee Information					
	List all committees of which you have knowledge th	nat are primarily formed to rec	eive contributions or to make expendit	tures on behalf of your candida	су.	
	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 all reasonable diligence in preparing this statement. I co	knowledge I anticipate that I will ertify under penalty of perjury und	receive less than \$2,000 and that I will sp der the laws of the State of California that	end less than \$2,000 during the cathe foregoing is true and correct.	alendar year and that I have use	
	9-7-21			i .		
	Executed on 8-7-29 DATE		Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDAT	TE	