

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
NOV 8

Amendment (Explain Below)

Date Stamp
NOV 12 12 53 PM '22

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Alma Alvarez
STREET ADDRESS
[REDACTED]
CITY Livingston STATE CA ZIP CODE 95334
AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX OR MAIL ADDRESS [REDACTED]

3. Office Sought or Held Run

OFFICE SOUGHT OR HELD Deputy City Council
JURISDICTION (LOCATION) Livingston 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 8-12-22 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE