Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year) Amendment (Explain Below)		Date Stamp	CALIFORNIA FORM For Official Use Only '24 JANZ3AM 8:27 GITY CLERK'S OFC
1.	Statement Covers Calendar Year 20 23 .				
2.	Office holder or Candidate Information NAME OF DEFICEHOLDER OR CANDIDATE AIMCE MIDDON YAMADO STREET ADDRESS CANDERS CITY AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS COMPA OPTIONAL: FAX / E-MAIL ADDRES				
4.	Committee Information ist 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				
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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 January 2	300/2024.	Ву		