

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
November 5, 2024

Amendment (Explain Below)

Date Stamp
RECEIVED
Alameda County
JUL 23 2024
Reg. of Voters

CALIFORNIA **470**
FORM
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
GABRIEL ANGVIANO, JR.

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
NEWARK CA 94564

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
NEWARK USD

JURISDICTION (LOCATION) DISTRICT NUMBER
(IF APPLICABLE)
ALAMEDA COUNTY AT LARGE

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

Executed on 07/23/2024
DATE

