

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>November 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp RECEIVED Alameda County JUL 23 2024 Reg. of Voters	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

GABRIEL ANGVIANO, JR.

STREET ADDRESS

[REDACTED]

CITY

NEWARK

STATE

CA

ZIP CODE

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)

ALAMEDA COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

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