

**Officeholder and Candidate
Campaign Statement –
Short Form**

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

11-05-2024

Amendment (Explain Below)

Date Stamp
RECEIVED
Alameda County
AUG 09 2024
Reg. of Voters

CALIFORNIA
FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 ²⁴ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Vikas Minglani

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Newark CA 94560

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Unified School District Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Alameda County

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
N/A		

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 8/9/2024 DATE

By _____
[REDACTED]

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM

470
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Vikas Minglani

STREET ADDRESS



CITY

Newark

STATE

CA

ZIP CODE

94560

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)