

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp	CALIFORNIA FORM 470
<p>Received by Mail</p> <p>AUG 9 2022</p> <p>City of Live Oak</p>	
For Official Use Only	

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
<u>11/8/2022</u>	_____

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Ashtey M Hernandez

STREET ADDRESS
[REDACTED]

CITY
Live Oak

STATE
CA

ZIP CODE
95953

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Live Oak

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 08/09/22 DATE

By [REDACTED]