

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

(4)DC

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)	RECEIVED BY LOS ANGELES COUNTY 2024 AUG -1 AM 10:40 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b> 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  
William Mayo

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
ACTON CA 93510

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818 9433689

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
ACTON - AGUA DULCE USA

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
LOS ANGELES 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

**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 Aug 1 2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE