

Officeholder and Candidate
Campaign Statement –
Short Form

④ DC GE24

Date Stamp RECEIVED BY LOS ANGELES COU 2024 JUL 22 AM 11: 25 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 620873
--	--

Date of election if applicable: (Month, Day, Year) <div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;">11/05/2024</div>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
---	--

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ZOE UNNO

STREET ADDRESS

CITY
PALOS VERDES ESTATES

STATE
CA

ZIP CODE
90274

AREA CODE/DAYTIME PHONE NUMBER
310-906-0377

OPTIONAL: FAX / E-MAIL ADDRESS
zoenuno@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Trustees, Member Palos Verdes Library District

JURISDICTION (LOCATION)
Palos Verdes Peninsula

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
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 07/22/24 DATE

By _____ ATE