Ca	ficeholder and Candidate Impaign Statement –			Date Stamp RECEIVED BY CALIFORNIA FORM		
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	2024 SEP 20 AM 9: 19 CAMPAIGN FINANCE	For Official Use On	Ise Only
1.	Statement Covers Calendar Year 20	. 24 W				
2.	Officeholder or Candidate Information		3. Office Sought or H	leld		
	NAME OF OFFICEHOLDER OR CANDIDATE VICAINIZ VILLEGAS STREET ADDRESS	0.0	Board of Jurisdiction (Location)	f Trustees College	DISTRICT NUMBER	~
	CITY MONTOVIA AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA 91014 OPTIONAL: FAX/E-MAIL ADDRESS	Citrus (Ollege		5
_	213 422 8994	ONYUBRNO (Smail Com			
4.	Committee Information List all committees of which you have knowledge COMMITTEE NAME AND I.D. NUMBER	that are primarily formed to rec	ceive contributions or to make expen	ditures on behalf of your candidacy. 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 September 20, 2024