

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

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

Amendment (Explain Below)

Date Stamp
24 PM
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LOS ANGELES COUNTY
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CAMPAIGN FINANCE
CALIFORNIA FORM **470**
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
CHRISTOPHER IVAN MINSAI
STREET ADDRESS
PEARBUCCAN
CA 93553
STATE ZIP CODE
661-202-8526 zlgynendo@gmail.com
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
KEPPEL U.S.D GOVERNMENT BOARD TRUSTEE 5
JURISDICTION (LOCATION)
LOS ANGELES COUNTY
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 in contributions 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 information provided in this statement is true and correct.

Executed on 8-13-2024
DATE

By _____