Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11-8-22		RECEIVED CITY CLERK'S OFFICE AUG 06 2024 CITY OF BIG BEAR LAKE	For Official Use Only

1. **Statement Covers Calendar Year 20** 24 .

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Kendi Segovia

MAILING ADDRESS
[redacted]

CITY: Big Bear Lake | STATE: CA | ZIP CODE: 92315

AREA CODE/DAYTIME PHONE NUMBER
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Council member

JURISDICTION (LOCATION)
Big Bear Lake

DISTRICT NUMBER (IF APPLICABLE)
1

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
none		

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 7/31/24 (DATE)

By Kendi Segovia (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)