

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Amendment (Explain Below)

Date Stamp
FILED
AUG 06 2024
SANTA BARBARA COUNTY
ELECTIONS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
644 S. PO Aruni Boteju

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Santa Barbara CA 93111

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
805-252-6905

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Santa Barbara City of College District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Santa Barbara County TA-4

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
<u>N/A</u>		

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 8/6/2024
DATE

By _____
OFFICEHOLDER OR CANDIDATE