Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Filed JAN 3 1 2024	FORM For Official Use Only	
		3/5/24		Tuolymne County Clerk		
1.	Statement Covers Calendar Year 20			Deputy		
2.	Officeholder or Candidate Information		3. Office Sought or Hele	d		
	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH					
	Stephen Opie	JURISDICTION (LOCATION) DISTRICT NUMBER				
	STREET ADDRESS	4			DISTRICT NUMBER (IF APPLICABLE)	
	CITY	STATE ZIP CODE	Sonora Calif	urnia		
	Stephenopie 520 yahou.com					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL! FAX / E-MAIL ADDRESS	<u>0.c</u> 0			
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	NAN	NAME OF TREASURER	
	Stephen Opie For City Corncil Sonora CA		Sangra Chat	370 Kellie Edward	ards	
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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 DATE		ву 1/20/24	SIGNATURE OF OFFICEHOLDER OR CANDI	DATE	