Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☑ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
08 26 2025	Exceeded $2000		For Official Use Only

1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mitzy Perez

STREET ADDRESS

CITY | STATE | ZIP CODE

Los Banos | CA | 93635

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE)

Los Banos, CA | One (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
Perez for City Council 2025	Los Banos CA 93635	Mitzy Perez

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 f

Executed on 08 15 2025
DATE

By Signed by: B5333BA8F DB345A...
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate Campaign Statement Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☑ **Amendment** (Explain Below)

Exceeded $2000

Date Stamp

CALIFORNIA FORM 470 SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mitzy Perez

STREET ADDRESS

454 Oakwood Drive

CITY	STATE	ZIP CODE
Los Banos	CA	93635

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Los Banos City Council

DISTRICT NUMBER (IF APPLICABLE)

One (1)

DATE OF ELECTION (MONTH, DAY, YEAR)

08 26 2025

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

08 15 2025

(MONTH, DAY, YEAR)