

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

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

11/05/2024

Amendment (Explain Below)

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Date Stamp

**RECEIVED**

SEP 26 2024

CITY CLERK'S OFFICE

CALIFORNIA FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 <sup>24</sup> .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Chukwunedum C. (Chuck) Amajioyi

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

Woodland CA 95776

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

[REDACTED]

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Memeber

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Woodland 5

**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
N/A	N/A	N/A
N/A	N/A	N/A

**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

Executed on 09/26/2024

DATE

