

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

Date of election if applicable: (Month, Day, Year)  <u>November 5<sup>th</sup> 2024</u>	<input type="checkbox"/> Amendment (Explain Below)  _____	Date Stamp <b>RECEIVED</b>  SEP 26 2024	CALIFORNIA FORM <b>470</b>
		For Official Use Only	
		WOODSIDE TOWN HALL	

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Hassan Aburish

STREET ADDRESS  
[REDACTED]

CITY  
Woodside

STATE  
CA

ZIP CODE  
94042

AREA CODE/DAYTIME PHONE NUMBER  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Woodside Town Council

JURISDICTION (LOCATION)  
Woodside

DISTRICT NUMBER (IF APPLICABLE)  
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
<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 September 26, 2024  
DATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE