Officeholder and Candidate Campaign Statement – Short Form						Date Stamp	CALIFORNIA 47	470
		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		2 9 2021	For Official L	Jse Only
						KINGS EQUITY ELECTION	RECEIVED) 1
1.	Statement Covers Calendar Year 20						JUN 2 9 200	ECTIONS
2.	Officeholder or Candidate Information			3.	Office Sought or Held	4	INGS COUNTY	
	NAME OF OFFICEHOLDER OR CANDIDATE			***************************************	OFFICE SOUGHT OR HELD	_		
	Todd Barlow				County Superintendent	of Schools		
	STREET ADDRESS				JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	ату	STATE	ZIP CODE		Kings			
	•							
	Hanford AREA CODE/DAYTIME PHONE NUMBER	CA OPTIONAL:	93230 FAX / E-MAIL ADDRESS					
	559-707-5205	todd ba	rlow@kingscoe.or;	φ				
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	·	1		EE ADDRESS		OF TREASURER	
	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 us							
	all reasonable diligence in preparing this statement.	certify under p	penalty of perjury un	der the laws o	of the State of California that t	he foregoing is true and correct.	alondar your aira are	
	June 9, 2021 Executed on				By kull	VM Land		
	DATE					SIGNATURE OF OFFICEHOLDER OR CANDIDAT	i E	