Officeholder and Candidate  Campaign Statement –					Date Stamp	CALIFORNIA 470			
Short Form -		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)		RECEIVED JUL 0 5 2023	For Official Use Only			
					KINGS COUNTY ELECTIONS				
1.	Statement Covers Calendar Year 20 23								
2.	Officeholder or Candidate Information		3.	Office Sought or Held	1				
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD					
	Kristine Lee			Assessor/Clerk/Recorder	r				
	STREET ADDRESS			JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)			
				Kings County		(ii ) ii ) ii o la			
	СПУ	STATE ZIP CODE							
	Lemoore	CA 93245							
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS							
	559-707-8734								
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			E ADDRESS	NAME O	NAME OF TREASURER			
5.	Verification	<u></u>			I				
	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.								
	July 5, 2023 Executed on			By Skiste of	ee_				
	DATE				SIGNATURE OF OFFICEHOLDER OR CANDIDATE	;			

Officeholder and Candidate				
Campaign Statement Form 470 Supplement		Amendment (Explain Below)	Date Stamp	GALIFORNIA 470 FORM SUPPLEMEN
SEE INSTRUCTIONS ON REVERSE				For Official Use Only
This form is written notification that the officeholder/candidate listed to made expenditures of \$2,000 or more during the calendar year.	below has received	contributions totaling \$2,000 or more or has		
1. Officeholder or Candidate Information				
NAME OF OFFICEHOLDER OR CANDIDATE				
STREET ADDRESS				
CITY	STATE	ZIP CODE		
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX	/ E-MAILADDRESS		
2. Office Sought				
OFFICE SOUGHT		DISTRICT NUMBER (IF APPLICABLE)		
DATE OF ELECTION (MONTH, DAY, YEAR)		Lu - Lucino de Carte		
3. Date Contributions Totaling \$2,000 or More Were R	Received or Date	Expenditures of \$2,000 or More Were	Made	

(MONTH, DAY, YEAR)