

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

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp	CALIFORNIA FORM 470 <small>For Candidates Only</small> JUL 23 2020 KINGS COUNTY ELECTIONS
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Kristine Lee

STREET ADDRESS

CITY STATE ZIP CODE
 Lemoore CA 93245

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 559-707-8734 Kristi77@comcast.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Assessor/Clerk-Recorder

JURISDICTION (LOCATION) Kings County	DISTRICT NUMBER (IF APPLICABLE)
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4. Committee Information

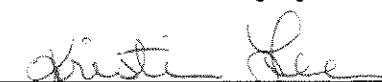
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 July 21, 2020 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE