Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Dale Stamp RECEIVED JUL 1 7 2024	CALIFORNIA 470 FORM Sor Official Use Only
		11-5-24		KINGS COUNTY ELECTION	NS
1.	Statement Covers Calendar Year 20 24				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Erwest Alaw STREET ADDRESS CITY Hawtord AREA CODE/DAYTIME PHONE NUMBER	TAYler 9323 o STATE ZIPCODE OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or Helpoffice	hings Count County	by Water Dist. DISTRICT NUMBER (IF APPLICABLE) 5
4.	Committee Information List all committees of which you have knowledge to committee NAME AND LD. NUMBER	that are primarily formed to rece	eive contributions or to make expendit COMMITTEE ADDRESS	res on behalf of your candidacy, NAME OF TREASURER	
	O				
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 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				