Officeholder and Candidate Campaign Statement – Short Form				Dale Stamp RECEIVED	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL <b>2 3</b> 2024	FORM For Official Use Only	
		11,5,2024		(INGS COUNTY ELECTIONS		
1.	Statement Covers Calendar Year 20 24	•			-	
2.	Officeholder or Candidate Information		3. Office Sought or Hel	d		
	NAME OF OFFICEHOLDER OR CANDIDATE		Hanford J	ant Union His	School Distric	
	Faul Gillum STREET ANDRESS Excelsion Ave		JURISDICTION (LOCATION) Area		DISTRICT NUMBER (IF APPLICABLE)	
	Hen ford	A STATE SIPCODE 73230				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
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 use 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 23, 2024		Ву			
	DATE		,	SIGNATURE OF OFFICEHOLDER OR CANDIDATE		