Officeholder and Candidate Campaign Statement –			Dale Stamp RECE IVED	CALIFORNIA 470	
Short Form	Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	AUG 0 2 2024	For Official Use Only	
	11-5-24		KINGS COUNTY ELECTION	\$ \$	
1. Statement Covers Calendar Year 20 2	4_,				
2. Officeholder or Candidate Information		3. Office Sought	or Held		
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HE			
STREET ADDRESS		JURISDICTION (LOCATIO	trustee.	DISTRICT NUMBER	
STREET ADDRESS	CA 9,3230		Jr. Union High school	(IF APPLICABLE)	
сіту	STATE ZIP CODE	T WINOIA L	A. CANON FLYN SEMOOL	Great	
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
Committee Information List all committees of which you have knowledge that are primarily formed to receive committee NAME AND LD. NUMBER		eive contributions or to make ex		on behalf of your candidacy. NAME OF TREASURER	
nla					
5. Verification					
I declare under penalty of perjury that to the best of all reasonable diligence in preparing this statement	of my knowledge I anticipate that I will r nt. I certify under penalty of perjury und	eceive less than \$2,000 and that ler the laws of the State of Californ	I will spend less than \$2,000 during the cania that the foregoing is true and correct.	alendar year and that I have used	
Executed on S. 2. 2.	- /	Ву			
DATE		8	SIGNATURE OF OFFICEHOLDER OR CANDIDA	₹E	