Сa	ficeholder and Candidate mpaign Statement – ort Form			RECEIVED	CALIFORNIA 470 FORM	
Ono, e i omi		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	AUG 0 6 2024	For Official Use Only	
		41512024		KINGS COUNTY ELECTION	\$	
1.	Statement Covers Calendar Year 20 24	~ •				
2.	Officeholder or Candidate Information		3. Office Sought or He	ld		
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	t	****	
	Daniel Melgar Agairre		Reet surset	unified school D	istrict	
	Daniel Melgar Aguirre Street ADDRESS Senta Clara St		JURISDICTION (LOCATION)	JURISDICTION (LOCATION) District NUMBER (IF APPLICABLE)		
	sonta clara st	STATE ZIP CODE	_ Arec 5			
	Avenal	CA 9320A				
	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 C	NAME OF TREASURER	
	Ø					
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 8/6/24		S _{By} .			
	DATE		- Comment	SIGNATURE OF OFFICEHOLDER OR CANDIDATE		