Officeholder and Candidate Campaign Statement – Short Form						Date Stamp ETVED	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		2 9 2021	For Official Use Only
						KINGS COUNTY ELECTION	RECEIVED
1.	Statement Covers Calendar Year 20						JUN 2 9 2021
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Todd Barlow			3.	Office Sought or Held OFFICE SOUGHT OR HELD County Superintendent		ING2 COUNTY
	STREET ADDRESS CITY	STATE	ZIP CODE		JURISDICTION (LOCATION) Kings		DISTRICT NUMBER (IF APPLICABLE)
	Hanford AREA CODE/DAYTIME PHONE NUMBER	CA	93230 : FAX / E-MAIL ADDRESS				
4.		todd.ba	ırlow@kingscoe.or;	7			
	4. Committee Information List all committees of which you have knowledge that are primarily formed to receive committee NAME AND LD. NUMBER I committee NAME AND LD. NUMBER				ontributions or to make expenditures on behalf of your candidacy. OMMETTEE ADDRESS NAME OF TREASURER		
	COMMITTEE NAME AND LD. NOMBER			COMMETTE	E AUDRESS	LVPANIC	OF TREASURER
	n/a				AND		**************************************
	n/a						
5.	Verification				Harmon de tro-		
	I declare under penalty of perjury that to the best of m all reasonable diligence in preparing this statement. I	y knowledge l certify under	anticipate that I will penalty of perjury un	receive less to der the laws o	nan \$2,000 and that I will spe f the State of California that t	nd less than \$2,000 during the ca he foregoing is true and correct.	alendar year and that I have us
	Executed on				Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDAT	F