Campaign Statement – Short Form			Date Stamp	CALIFORNIA 470	
	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 2 4 2024	For Official Use Only	
			STY JAYNE EDWARDS A COUNTY CLERK-RECORDER		
1. Statement Covers Calendar Year 20 24	-• , , , , , , , , , , , , , , , , , , ,				
2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE		3. Office Sought or Held			
* JOHN R. FRIE STREET ADDRESS	_	BOARD MEN	NBER		
CITY	STATE ZIP CODE	JURISDICTION (LOCATION) PIERCE JOIN SCHOOL DISS	TUDIFIED	DISTRICT NUMBER (IF APPLICABLE)	
	STATE ZIP CODE T1946 LIVE OPTIONAL: FAX/E-MAILADDRESS	com			
4. Committee Information List all committees of which you have knowledge	that are primarily formed to rec	eive contributions or to make expenditu	res on behalf of your candida	cv	
COMMITTEE NAME AND T.DNUMBER		COMMITTEE ADDRESS		NAME OF TREASURER	
5. Verification					
I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement.	knowledge I anticipate that I will certify under penalty of perjury un	receive less than \$2,000 and that I will sper der the laws of the State of California that the	nd less than \$2,000 during the case foregoing is true and correct	alendar year and that I have used	
Executed on 7/16/24 DATE		Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDA		
			FPPC Form FPPC Advice: adv	470/470 Supplement (Jan/2016) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	