Officeholder and Candidate Campaign Statement – Short Form				Date Stamp	CALIFORNIA 470
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	RECEIVED	For Official Use Only
		Nov 5 2024		JUN 0 6 2024	
1.	Statement Covers Calendar Year 20 24	- •		OHY OF LINGUIN	
2.	Officeholder or Candidate Information		3. Office Sought or Held	d	
	NAME OF OFFICEHOLDER OR CANDIDATE DENNIS J CLEAR	•		uncil Member	
	STREET ADDRESS		JURISDICTION (LOCATION) CITY OF	LINCOLN	DISTRICT NUMBER (IF APPLICABLE)
	LINCOLN AREA CODE/DAYTIME PHONE NUMBER	STATE ZIP CODE CA 95648 OPTIONAL: FAX/E-MAIL ADDRESS			
	AREA COUCLDAT TIME PROME NUMBER	OPTIONAL: FAAT E-MAIL AUDRESS			
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 June 4, 2024 By War Dun				
	DATE			SCHATURE OF OFFICEHOLDED OR CANDIDATE	