Ca	ficeholder and Candidate Impaign Statement – Iort Form					Date Stamp	CALIFORNIA FORM	470
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		RECEIVED	For Official Use On	ly
		6/07202	2			KINGS COUNTY ELECTIONS		
1.	Statement Covers Calendar Year 20 22	- •						
2.	Officeholder or Candidate Information			3.	Office Sought or Held	d		
	NAME OF OFFICEHOLDER OR CANDIDATE			·····	OFFICE SOUGHT OR HELD			
	Doug Verboon				Kings County Board of	Supervisors		
	STREET ADDRESS			<del></del>	JURISDICTION (LOCATION)		DISTRICT NUMBER	
		Ca	93230		Kings County		(IF APPLICABLE)	
	СТҮ	STATE	ZIP CODE			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	559 269-4397 doug.verboon@gmail.com							
	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			соммітт	EE ADDRESS	NAME OF TREASURER		
	friends of Doug Verboon ID# 1324798							
					,			
<del>-</del> 5.	Verification		<u> </u>					
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I declare under penalty of perjury that to the best of my	knowledge I ertify under p	anticipate that I will enalty of perjury und	receive less t der the laws o	han \$2,000 and that I will spe of the State of California that t	end less than \$2,000 during the cathe foregoing is true and correct.	lendar year and that I h	ave used
	April 28 2022				and Alphana			
	Executed onDATE		<del></del>		By VYVV	SIGNATURE OF OFFICEHOLDER OR CANDIDAT	<u> </u>	
	D.11 E							