Ca	inceholder and Candidate Impaign Statement –					Date Stamp	CALIFORNIA FORM	470	
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		RECEIVED	For Official Use Only		
						- JUL 30 2021			
						KINGS COUNTY ELECTION:			
1.	Statement Covers Calendar Year 20 21	¥				TEEC 110N	S		
2.	Officeholder or Candidate Information			3.	Office Sought or Hel	ld			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD				
	Doug Verboon	-			Board Of Supervisors				
	STREET ADDRESS				JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	<u>1916</u> -	
					Kings County		3		
	CITY	STATE	ZIP CODE						
	Hanford	CA	93230						
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL:	FAX / E-MAIL ADDRESS						
	(559) 269-4397	doug.ver	boon@gmail.com	n					
4.	Committee Information								
	List all committees of which you have knowledge	that are prima	arily formed to rec	eive contribu	tions or to make expendit	tures on behalf of your candida	су.		
	COMMITTEE NAME AND I.D. NUMBER			COMMITTE	E ADDRESS	NAME OF TREASURER			
	Friends of Doug Verboon ID#1324798		Hanford, Ca 93230						
 5.	Verification								
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement.	y knowledge l a certify under p	anticipate that I will enalty of perjury un	receive less to der the laws o	nan \$2,000 and that I will sp f the State of California that	end less than \$2,000 during the catthe foregoing is true and correct.	alendar year and th	at I have used	
	July 30 2021				Jour Verton				
	Executed onDATE				SIGNATURE OF OFFICEHOLDER OR CANDIDATE				
					, k				