

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

Date of election if applicable:  
(Month, Day, Year)

LEAVING OFFICE

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

RECEIVED

FEB 23 2023

KINGS COUNTY ELECTIONS

**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
CRAIG N PEDERSEN

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
HANFORD CA 93230

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
559 816-5861

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
KINGS COUNTY SUPERVISOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
KINGS COUNTY DISTRICT 4

**4. Committee Information**

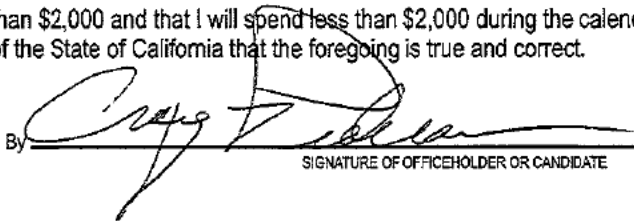
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE	NONE	NONE

**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 used 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 02/23/2023  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE