

Officeholder and Candidate
Campaign Statement --
Short Form

Date of election if applicable: (Month, Day, Year) <u>03-05-24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	RECEIVED	CALIFORNIA FORM 470
		NOV 18 2023	For Official Use Only
KINGS COUNTY ELECTIONS			

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Adam Medelras

STREET ADDRESS
[REDACTED]

CITY Hanford STATE Ca ZIP CODE 93230

AREA CODE/DAYTIME PHONE NUMBER 559-362-6034 OPTIONAL FAX/E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Supervisor

JURISDICTION (LOCATION) _____ DISTRICT NUMBER (IF APPLICABLE) 5

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
<u>0</u>		

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 11-13-2023
DATE

By Adam Medelras
SIGNATURE OF OFFICEHOLDER OR CANDIDATE