Сa	ficeholder and Candidate Impaign Statement –				Date Stamp RECEIVED	CALIFORNIA 470
Short Form		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)	NOV 1 4 2023	RESEIVED Only
					ICINGS COUNTY ELECTIONS	NOV 1 4 2023
1.	Statement Covers Calendar Year 20 23					KINGS COUNTY ELECTIONS
2.	Officeholder or Candidate Information	•		Office Sought or He	eld	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD		
	Rulay I Topula			KINGS AGAND	Superviser	
	STREET ADDRESS	0.1	0.46.0.5	JURISDICTION (LOCATION)	Superviser	DISTRICT NUMBER (IF APPLICABLE)
	СПУ	CAL STATE	93230 ZIP CODE	County		<u> </u>
	Hanlard	CAh	93730			
_	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL:	FAX / E-MAIL ADDRESS			
	639-7875					
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.					
	List all committees of which you have knowledge that are primarily formed to recei COMMITTEE NAME AND LD, NUMBER			contributions or to make expenditures on benait of your candidacy. COMMITTEE ADDRESS NAME OF TREASURER		
	COMMITTEE NAME AND ID, NOMBER			COMMITTEE ADDRESS	TOTAL '	DI TREADURER
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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.					
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	Executed on 1/-14-22			By Classic Z	SIGNATURE OF OFFICEHOLDER OR CANDIDAT.	Ē