Campaign Statement – Short Form				Date Stamp RECEIVED	california 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	NOV 2 0 2023	For Official Use Only	
		MARCH 5, 2024	4	KINGS COUNTY ELECT	IONS	
1.	Statement Covers Calendar Year 20 23					
2.	Officeholder or Candidate Information		3. Office Sought or He	eld		
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD			
	KENDRA D WEBER		KINGS COUNTY SU	KINGS COUNTY SUPERIOR COURT JUDGE, SEAT 5		
	STREET AODRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
			KINGS COUNTY, CALI			
	CITY	STATE ZIP CODE				
	HANFORD	CA 93230				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAILADDRESS				
	559-582-1010 ext 6002					
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					
5.	Verification					
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I	/ knowledge I anticipate that I will certify under penalty of perjury un	receive less than \$2,000 and that I will sp der the laws of the State of California tha	pend less than \$2,000 during the c it the foregoing is true and correct.	alendar year and that I have used	
	11/20/2023		1	< C		
	Executed on		By	SHEMATURE OF OFFICEHOLDER OR CANDIDA	ATE .	