

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

Date of election if applicable:
(Month, Day, Year)
03-05-2024

Amendment (Explain Below)

Date Stamp
RECEIVED
JAN 08 2024
KINGS COUNTY ELECTIONS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Adam T. Medeiros

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Hanford Ca. 93230

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
559-3626034

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Supervisor District 5

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>Medeiros for Supervisor</u>	[REDACTED]	<u>Adam T. Medeiros</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 12-19-2023 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

Amendment (Explain Below)

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KINGS COUNTY ELECTIONS

CALIFORNIA FORM 470 SUPPLEMENT
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

Adam T. Medeiros
NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

Hanford Ca 93230
CITY STATE ZIP CODE

559-3626034
AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

Supervisor District 5
OFFICE SOUGHT

5
DISTRICT NUMBER (IF APPLICABLE)

March 5th 2024
DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

12-19-23
(MONTH, DAY, YEAR)