Officeholder and Candidate Campaign Statement -				Date Stamp	CALIFORNIA 470	
Short Form		Date of election if applicable: (Month, Day, Year) March 3, 2020	Amendment (Explain Below)	NOV 1 2 2019 NOV 1 2 2019	For Official Use Only	
						1.
2.	Officeholder or Candidate Inform	ation	3. Office Sough		•	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR	_		
	Kandy L. Edwa	pd3	5gper	for Court Judg	9 C DISTRICT NUMBER	
	STREET ADDRESS 🕊		JURISDIC HUN (LUCA)	County	(IF APPLICABLE)	
	CITY	STATE ZIP COI	DE	County		
	Hanford	CA 93.	230			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL				
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 LD. NUMBER	owiedge triat are printarity for	COMMITTEE ADDRESS		NAME OF TREASURER	
	None					
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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 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 November DAT	8, 2019	Ву	SIGNATURE OF OFFICEHOLDE	R OR CANDIDATE	
	Clear Form Print Form		•	-		