Officeholder and Candidate Campaign Statement – Short Form				Dale Stamp RECEIVED	CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 3 0 2024	For Official Use Only	
				KINGS COUNTY ELECTION	3	
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					
	Doug Verboon Board of Supervisors					
	STREET ADDRESS	JURISDICTION (LOCATION)	JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)			
		Kings County		3		
	CITY Hanford	STATE ZIP CODE				
	AREA CODE/DAYTIME PHONE NUMBER	Ca 93230 OPTIONAL: FAX / E-MAIL ADDRESS	·			
	THE COORD AND THE	Doug.verboen@gmall.com				
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.O. NUMBER		COMMITTEE ADDRESS	NAME	NAME OF TREASURER	
	FRIENDS OF DOUG VERBOON ID# 1324798					
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.					
	:JULY 2024					
	Executed on		Ву	SIGNATURE OF OFFICEHOLDER OR CANDIDAT	E	