

Officeholder and Candidate
Campaign Statement –
Short Form

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| Date Stamp RECEIVED AUG 09 2024 | CALIFORNIA FORM 470 For Official Use Only |
| KINGS COUNTY ELECTIONS | |

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|--|--|
| Date of election if applicable: (Month, Day, Year) <u>Nov 5 2024</u> | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
|--|--|

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jimmy Phelan

STREET ADDRESS
[Redacted] Milham Ave

CITY STATE ZIP CODE
Kettleman City CA 93239

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[Redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Kettleman City County Sen Dist

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
[Redacted]

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>N/A</u> | | |
| <u>N/A</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 8-9-24 DATE

By [Redacted Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE