

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

Date Stamp SENDY PEREZ, COUNTY CLERK NOV 17 2023 BY [REDACTED] DEPUTY	<b>CALIFORNIA FORM 470</b> For Official Use Only
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Date of election if applicable: (Month, Day, Year) <u>3-5-24</u>	<input type="checkbox"/> <b>Amendment</b> (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

GRANT CARMON

STREET ADDRESS

[REDACTED]

CITY

ORLAND

STATE

CA

ZIP CODE

98963

AREA CODE/DAYTIME PHONE NUMBER

530-517-1240

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

BOARD OF SUPERVISOR

JURISDICTION (LOCATION)

GLENN COUNTY

DISTRICT NUMBER  
(IF APPLICABLE)

1

**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

**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 11-17-23 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form