

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

| | | | |
|--|---|---|---|
| Date of election if applicable: (Month, Day, Year) _____ | <input type="checkbox"/> Amendment (Explain Below) _____ _____ | Date Stamp RECEIVED SENDY PEREZ, COUNTY CLERK JAN 31 2023 BY: [REDACTED] DEPUTY | CALIFORNIA FORM 470 For Official Use Only |
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1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
GRANT CARMON

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
ORLAND CA 95963

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530-517-1240

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DISTRICT 1 SUPERVISOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
GLENN CO. 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 |
|--------------------------------|-------------------|-------------------|
| N/A | | |

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 1-30-23
DATE

By [REDACTED]