Officeholder and Candidate Campaign Statement –						Date Stamp	CALIFORNIA 470		
Sh	Short Form		Date of election if applicable: (Month, Day, Year)		dment (Explain Below)	SENDY PEREZ, COUNTY CL		FORM For Official Use Only	
		06/07/2022					Pu ty		
1.	Statement Covers Calendar Year 20 23								
2.	Officeholder or Candidate Information 3. Office Sought or				Office Sought or H	leld			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD				
	Justin Gibbs				Sheriff				
	STREET ADDRESS				JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)				
					Glenn County		(IF AFFLICABLE)		
	CITY	STATE	ZIP CODE	 :	<u> </u>				
	Willows	CA	95988						
	AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS								
	(530) 520-1156 jgibbs7710@yahoo.com								
4.	Committee Information								
	List all committees of which you have knowledge that are primarily formed to rece					e expenditures on behalf of your candidacy.			
	COMMITTEE NAME AND I.D. NUMBER			COMMITTEE ADDRESS		NAME OF TREASURER			
	Justin Gibbs For Glenn County Sheriff 2022 1445919					Lisa Gibbs	Terminated Committee		
5.	Verification							_	
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I	y knowledge I certify under p	anticipate that I will enalty of perjury un	receive less to der the laws o	han \$2,000 and that I will of the State o		the calendar year and that I have us rect.	ec	
	03/08/2023								
	Executed onDATE				Ву	.CA	ANDIDATE		

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov