

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

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
RECEIVED
SENDY PEREZ, COUNTY CLERK
JAN 16 2024
BY [REDACTED] DEPUTY

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sendy Perez

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Artois CA 95913

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(530) 321-4908 sendyperez79@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Assessor/Clerk-Recorder

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Glenn County

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		
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 01/16/2024
DATE

By [REDACTED]