

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)	Date Stamp	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
		FILED SENDA PEREZ, COUNTY CLERK	
		AUG 29 2022	
		BY [REDACTED] DEPUTY	

1. Statement Covers Calendar Year 20 22.

<b>2. Officeholder or Candidate Information</b> NAME OF OFFICEHOLDER OR CANDIDATE <u>Thomas Arnold</u> STREET ADDRESS [REDACTED] CITY STATE ZIP CODE <u>Ca 95988</u> AREA CODE/DAYTIME PHONE NUMBER <u>(530) 330-0328</u> OPTIONAL: FAX / E-MAIL ADDRESS		<b>3. Office Sought or Held</b> OFFICE SOUGHT OR HELD <u>Glenn County Board of Supervisors</u> JURISDICTION (LOCATION) <u>District 3</u> DISTRICT NUMBER (IF APPLICABLE) <u>District 3</u>
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**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>		

**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 8-12-22 DATE By [REDACTED]

Clear Form Print Form