

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 FEB 17 2023 BY _____ 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 <u>Thomas J. Arnold</u>		
STREET ADDRESS [REDACTED]	CITY <u>Willows</u>	STATE <u>Ca</u>
	ZIP CODE <u>95988</u>	OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/DAYTIME PHONE NUMBER <u>(530) 330-0328</u>		

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>County of Glenn Supervisor</u>	DISTRICT NUMBER (IF APPLICABLE) <u>District 3</u>
JURISDICTION (LOCATION) <u>Glenn County</u>	

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 2/6/2023
DATE

By [REDACTED]