


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

Date of election if applicable:
(Month, Day, Year)
06/07/22


Amendment (Explain Below)

Date Stamp
FILED
SENDY PEREZ, COUNTY CLERK
APR 28 2022
BY  DEPUTY

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JAMES IRVIN YODER
STREET ADDRESS

CITY STATE ZIP CODE
W. Llovs jimiyoder50@gmail.com
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SUPERVISOR
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
GLENN County 4

4. Committee Information

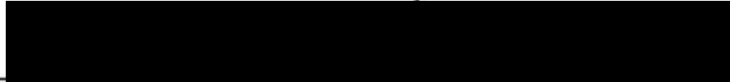
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> | <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 4/25/2022
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE