


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

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

Amendment (Explain Below)

Date Stamp
FILED
SENDY PEREZ, COUNTY CLERK

FEB 07 2024

BY  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

JAMES I YODER

STREET ADDRESS



CITY STATE ZIP CODE

WILLOWS CA 95988

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

530-934-6400 jyoder@countyofglenn.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD OF SUPERVISORS

JURISDICTION (LOCATION)

GLENN

DISTRICT NUMBER
(IF APPLICABLE)

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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

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 02/07/2024
DATE

