

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

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

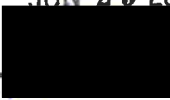
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**Amendment** (Explain Below)

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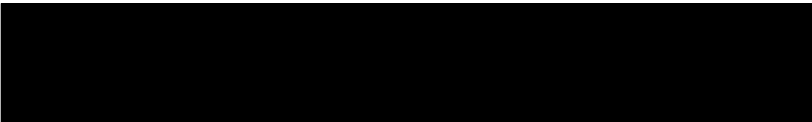
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Date Stamp <b>FILED</b> <b>SENDA PEREZ, COUNTY CLERK</b>	<b>CALIFORNIA FORM 470</b>
<b>JUN 29 2023</b>	For Official Use Only
BY:  DEPUTY	

1. Statement Covers Calendar Year 20 <sup>23</sup> .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Grant Carmon**

STREET ADDRESS  


AREA CODE/DAYTIME PHONE NUMBER      OPTIONAL: FAX / E-MAIL ADDRESS  
**530-934-6400**

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
**Board of Supervisor**

JURISDICTION (LOCATION)      DISTRICT NUMBER (IF APPLICABLE)  
**Glenn County**      **01**

**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	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 06/29/23 DATE

By  OFFICEHOLDER OR CANDIDATE