

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

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

Amendment (Explain Below)

Date Stamp FILED SENDRY PEREZ, COUNTY CLERK	CALIFORNIA FORM 470
JAN 30 2024	For Official Use Only
BY <u><i>KDma</i></u> DEPUTY	

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Grant Carmon

STREET ADDRESS



CITY

STATE

ZIP CODE

Orland

Ca

95963

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

530-934-6400

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Supervisors

JURISDICTION (LOCATION)

Glenn County

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 information provided in this statement is true and correct.

Executed on 1-30-24
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE