

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

Date of election if applicable:
(Month, Day, Year)
3/5/2024

Amendment (Explain Below)

Date Stamp
FILED
SENDA PEREZ, COUNTY CLERK
JAN 22 2024
BY: [REDACTED] DEPUTY

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 2024.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JACOB "JAKE" WITHERON

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
PRINCEGEON CA 95970

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530-680-0112 TALL GRASS RICE @ EMAIL - COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COUNTY SUPERVISOR

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CLAW #5

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 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 01/22/24 DATE

By: [REDACTED] OF OFFICEHOLDER OR CANDIDATE