

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

Date of election if applicable: (Month, Day, Year) <u>3-5-24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp FILED SENDY PEREZ, COUNTY CLERK DEC 08 2023 BY _____ DEPUTY	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Thomas Arnold

ST [REDACTED]

CITY Willows STATE Ca ZIP CODE 95988

AREA CODE/DAYTIME PHONE NUMBER (530) 330-0328 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
County Supervisor

JURISDICTION (LOCATION) Glenn County DISTRICT NUMBER (IF APPLICABLE) District 3

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 12/7/2023 DATE

By [REDACTED]

Clear Form

Print Form