

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**


SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

Amendment (Explain Below)

Date Stamp
FILED
SENDY PEREZ, COUNTY CLERK

JAN 30 2024

BY  **DEPUTY**

CALIFORNIA
FORM

470
SUPPLEMENT

For Official Use Only

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Thomas Arnold

STREET ADDRESS



CITY

STATE

ZIP CODE

Willows

CA

95988

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(530) 330-0328

tomandamber@att.net

2. Office Sought

OFFICE SOUGHT

Glenn County Supervisor

DISTRICT NUMBER
(IF APPLICABLE)

3

DATE OF ELECTION (MONTH, DAY, YEAR)

March 5, 2024

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

1/26/2024

(MONTH, DAY, YEAR)