Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
NOV 5 2024		FILED JUL 15 2024 CRISTY JAYNE EDWARDS COLUSA COUNTY CLERK-RECORDER	For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
CLARKEFORNBAUM

STREET ADDRESS
[redacted]

CITY STATE ZIP CODE

530-908-3141
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COMMITIONER

JURISDICTION (LOCATION)
ARBUCKLE COLLEGE CITY

DISTRICT NUMBER (IF APPLICABLE)

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
NONE		

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 07/15/2024
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate Campaign Statement Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☐ Amendment (Explain Below)

Date Stamp
FILED
JUL 15 2024
CRISTY JAYNE EDWARDS
COLUSA COUNTY CLERK-RECORDER

CALIFORNIA FORM 470 SUPPLEMENT

For Official Use Only

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.

1. Officeholder or Candidate Information

CLARICE F ORMBAUL
NAME OF OFFICEHOLDER OR CANDIDATE

[redacted]
STREET ADDRESS

WILLOWS CA 95912
CITY STATE ZIP CODE

530-908-3141
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT
COMMISSIONER

DISTRICT NUMBER (IF APPLICABLE)
1

DATE OF ELECTION (MONTH, DAY, YEAR)
NOV 5 2024

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

NONE
(MONTH, DAY, YEAR)