# 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 | | RECEIVED AUG 13 2024 BY CITY CLERK | For Official Use Only |

1. **Statement Covers Calendar Year 20** 24.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
John L. Troughton JR

STREET ADDRESS
[redacted]

CITY
Williams

STATE
CA

ZIP CODE
95987

AREA CODE/DAYTIME PHONE NUMBER
530-632-4475

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Williams City Council

JURISDICTION (LOCATION)

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 |
|---|---|---|
| | | |
| | | |

5. **Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive le[redacted]e calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the la[redacted]t.

Executed on 8-12-24
DATE

[redacted]
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