

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11-03-2020

Amendment (Explain Below)

Date Stamp
Received At Counter
OCT 09 2020
City of Live Oak

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dale A. Carlson

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Live Oak CA 95953

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530-933-4599 Carlson4548@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Live Oak City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Live Oak

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 |
|---|---------------------------|--------------------------|
| <u>Dale Carlson for City Council 2020</u> | <u>Live oak, CA 95953</u> | <u>Gabrielle Carlson</u> |
| | | |

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 10/9/2020 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE