

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Exceeded \$2,000</u> <u>limit of personal funds</u>	Date Stamp	CALIFORNIA FORM 470 SUPPLEMENT
	Received At Counter OCT 09 2020 City of Live Oak	

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.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Dale A. Carlson</u>			
STREET ADDRESS [REDACTED]			
CITY <u>Live Oak</u>	STATE <u>CA</u>	ZIP CODE <u>95953</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>530-933-4599</u>	OPTIONAL: FAX / E-MAIL ADDRESS <u>Carlson4548@yahoo.com</u>		

2. Office Sought

OFFICE SOUGHT <u>Live Oak City Council</u>	DISTRICT NUMBER (IF APPLICABLE)
DATE OF ELECTION (MONTH, DAY, YEAR) <u>11-03-2020</u>	

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

9-28-2020
(MONTH, DAY, YEAR)