

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
11-3-2020

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**Received At Counter**  
**OCT 22 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  
Lakhvir S. Ghag  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE  
Live OAK CA. 95953  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
530 - 301 - 3851 Lsghag@yahoo.com

3. Office Sought or Held  
OFFICE SOUGHT OR HELD  
Council Member  
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>Comitte to Elect Lakhvir S. Ghag 2020</u>		<u>Jiwan S. Ghag</u>

5. Verification  
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$9,999 and that I will spend less than \$9,999 during the calendar year and that I have used all reasonable efforts to avoid incurring liability under the laws of California.  
Executed on 10-22-20 at \_\_\_\_\_