

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)

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Amendment (Explain Below)

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Date Stamp  
Received by Mail  
JUL 20 2022  
City of Live Oak

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Nancy Santana

STREET ADDRESS  
[REDACTED]

CITY STATE ZIP CODE  
Live oak CA 95953

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
530-301-1934

OFFICE SOUGHT OR HELD  
Council member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
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 |
|--------------------------------|-------------------|-------------------|
|                                |                   |                   |
|                                |                   |                   |

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 7-20-2022  
DATE

[REDACTED SIGNATURE]