

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp Received At Counter OCT 09 2020 City of Live Oak	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) <u>11-3-2020</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
NANCY Elizabeth Santana

[REDACTED] Live Oak CA 95953
STATE ZIP CODE

530-301-1934
AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council member

JURISDICTION (LOCATION)
CITY OF LIVE OAK

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
<u>N/A</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]