

**Officeholder and Candidate Campaign Statement - Short Form**

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____
Date Stamp <b>FILED</b> JAN 29 2021 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDS	
CALIFORNIA FORM <b>470</b> For Official Use Only	

1. Statement Covers Calendar Year 20 20 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 John D. Loudon

AREA CODE/DAYTIME PHONE NUMBER  
 Colusa CA 95932

OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
 Board of Supervisor

JURISDICTION (LOCATION)  
 Colusa County

DISTRICT NUMBER (IF APPLICABLE)  
 2

**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 1-29-21 DATE

By \_\_\_\_\_

Clear Form

Print Form