

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

RECEIVED

Date Stamp
City Clerks Office

**CALIFORNIA
FORM 470**

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

Amendment (Explain Below)

AUG 05 2024

Tom Wick
City of Grass Valley
125 E. Main St

For Official Use Only

11/05/2024

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JANET ARBUCKLE

STREET ADDRESS

CITY STATE ZIP CODE

GRASS VALLEY CA 95945

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

916 606-2235

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL MEMBER

JURISDICTION (LOCATION)

CITY OF GRASS VALLEY

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

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

August 5, 2024

DATE

By

