

Officeholder and Candidate
Campaign Statement –
Short Form

COPY

Date of election if applicable: (Month, Day, Year) <u>11-5-2024</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED AUG 05 2024 TEHAMA COUNTY ELECTIONS	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 2024.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Irish SUGAN KNOX</u>			
STREET ADDRESS <u>[REDACTED]</u>			
CITY <u>Yuba</u>	STATE <u>CA</u>	ZIP CODE <u>96092</u>	
AREA CODE/DAYTIME PHONE NUMBER <u>[REDACTED]</u>		OPTIONAL: FAX / E-MAIL ADDRESS	

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>School Board member</u>	
JURISDICTION (LOCATION) _____	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 8-5-2024
DATE

By [REDACTED]

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2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Irish SUGAN KNOX</u>			
STREET ADDRESS [REDACTED]			
CITY <u>Vincent</u>	STATE <u>CA</u>	ZIP CODE <u>96092</u>	
OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]			

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>School Board Member</u>	
JURISDICTION (LOCATION) _____	DISTRICT NUMBER (IF APPLICABLE) _____

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DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE