

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

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

N/A

Amendment (Explain Below)

Date Stamp
RECEIVED AND FILED
JUL 22 2021
IN THE OFFICE OF THE LAKE
COUNTY REGISTRAR
OF VOTERS

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 19

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bruno Sabátier

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Clearlake CA 95422

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
707-695-0834

3. Office Sought or Held

OFFICE SOUGHT OR HELD
County Supervisor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lake County 2

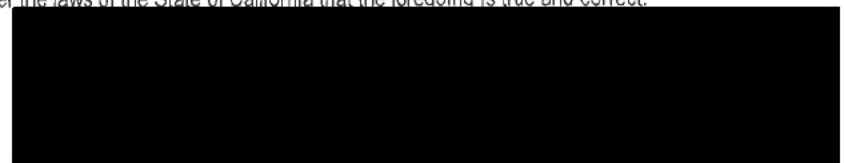
4. Committee Information
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 7/22/2021 DATE



Clear Form Print Form