

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

Date Stamp RECEIVED AND FILED JUL 21 2021 IN THE OFFICE OF THE LAKE COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) N/A	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 ²¹ _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Eddie Crandell

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Lucerne CA 95458

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(707) 533-3385

3. Office Sought or Held

OFFICE SOUGHT OR HELD
County Supervisor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lake County 3

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 7/21/2021 DATE

