

**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 26 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  
Robert K. Brown  
STREET ADDRESS  
[REDACTED]  
CITY STATE ZIP CODE  
Kelseyville CA 95451  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
707-349-2628

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
County Supervisor  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Lake County 5

**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

Executed on 7-26-21 DATE

By [REDACTED]

Clear Form

Print Form