

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

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**CALIFORNIA
FORM 470**

For Official Use Only

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

N/A

Amendment (Explain Below)

JUL 26 2021

IN THE OFFICE OF THE LAKE
COUNTY REGISTRAR
OF VOTERS

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Robert K. Brown

STREET ADDRESS



CITY

Kelseyville

STATE

CA

ZIP CODE

95461

AREA CODE/DAYTIME PHONE NUMBER

707-349-2628

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

County Supervisor

JURISDICTION (LOCATION)

Lake County

DISTRICT NUMBER
(IF APPLICABLE)

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 of the State of California that the information provided is true and correct.

Executed on 7-26-21
DATE

By

Clear Form

Print Form