

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp RECEIVED AND FILED JUL 27 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) <div style="text-align: center; font-size: 2em;">N/A</div>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE <u>Susan Kroner</u>		
STREET ADDRESS <div style="background-color: black; height: 20px; width: 100%;"></div>		
CITY <u>Lakeport</u>	STATE <u>CA</u>	ZIP CODE <u>95453</u>
AREA CODE/DAYTIME PHONE NUMBER <u>707) 262-0525</u>		OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>District Attorney</u>	
JURISDICTION (LOCATION) <u>Lake County</u>	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
None		

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 July 21, 2021 DATE

By