

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

Date of election if applicable: (Month, Day, Year) <p style="text-align: center; font-size: 1.5em;">n/a</p>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp RECEIVED AND FILED JUL 30 2021	CALIFORNIA FORM 470 For Official Use Only
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IN THE OFFICE OF THE CLERK
COUNTY REGISTRAR
LAKE COUNTY

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cathy G Saderlund

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Lakeport CA 95453

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
7072456116

3. Office Sought or Held

OFFICE SOUGHT OR HELD
County Clerk/Auditor

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lake have us

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 \$500 in contributions and I certify under penalty of perjury under the laws of California that I have not received any contributions from any source other than those listed on this statement.

Executed on July 29, 2021 DATE

[REDACTED SIGNATURE]