

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

Date Stamp RECEIVED FEB 01 2021 AMADOR COUNTY ELECTIONS	CALIFORNIA FORM 470 For Official Use Only
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Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Janice Traverso

STREET ADDRESS
[REDACTED]

CITY Yuba STATE CA ZIP CODE 95640

AREA CODE/DAYTIME PHONE NUMBER 209-274-2235 OPTIONAL: FAX / E-MAIL ADDRESS _____

OFFICE SOUGHT OR HELD
City Clerk

JURISDICTION (LOCATION)
Yuba

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
<u>N/A</u>		

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 2/1/2021 DATE

By Janice Traverso SIGNATURE OF OFFICEHOLDER OR CANDIDATE