

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
11-8-2022

☐ Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED

Date Stamp

AUG 01 2022

City Clerk's Office  
City of Hughson

CALIFORNIA  
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

GEORGE CARR

STREET ADDRESS

CITY

HUGHSON

STATE

CA

ZIP CODE

95326

AREA CODE/DAYTIME PHONE NUMBER

209-324-3406

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

MAYOR

JURISDICTION (LOCATION)

City of Hughson

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

N/A

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

08-01-2022

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE