

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: 1.5em; text-align: center;">Nov 3, 20</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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Date Stamp	CALIFORNIA FORM 470
For Official Use Only	

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Thomas J Ivy

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
530. 263. 7838

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS
thomasjivy@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Grass Valley

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>Tom Ivy for City Council 2020</u>	<u>Grass Valley, CA 95945</u>	<u>Thomas J Ivy</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 8/7/20 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE