

Officeholder and Candidate
Campaign Statement –
Short Form

Date Stamp RECEIVED	CALIFORNIA FORM 470
AUG 1 2024	For Official Use Only

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)
_____	_____ _____

CITY OF DIXON

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
THOM BOGUE

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIXON CITY COUNCIL

JURISDICTION (LOCATION)
CITY OF DIXON

DISTRICT NUMBER (IF APPLICABLE)
1

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 \$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 7/31/24
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE