

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

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	For Official Use Only

CITY OF DIXON

Date of election if applicable: (Month, Day, Year) Nov 5, 2024 <i>DEA</i>	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
DONALD "Don" HENDERSHOT

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
DIXON 4

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>DON HENDERSHOT For Dixon City Council 2024</u>	[REDACTED]	<u>WENDI HENDERSHOT</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 7/29/2024
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE