

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)

03/05/2024

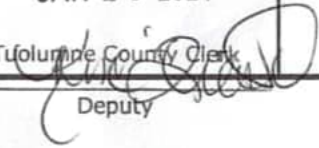
☐ Amendment (Explain Below)

Date Stamp

Filed

JAN 29 2024

Tuolumne County Clerk

By 
Deputy

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kathryn Saari

STREET ADDRESS

CITY

Sonora

STATE

CA

ZIP CODE

95370

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

kathryn.saari@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Supervisors

JURISDICTION (LOCATION)

Tuolumne County

DISTRICT NUMBER
(IF APPLICABLE)

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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

N/A

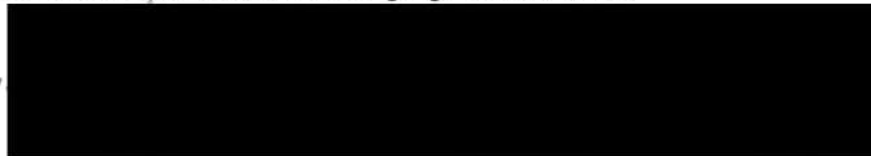
5. Verification

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

2024-01-25

DATE

By 

Clear Form

Print Form