Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
March 5, 2024		Filed FEB 01 2024 Tuolumne County Clerk By Deputy	For Official Use Only

1. **Statement Covers Calendar Year 20** 24.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE: ANN E. SEGERSTROM

STREET ADDRESS: [redacted]

CITY: SONORA | STATE: CA | ZIP CODE: 95370

AREA CODE/DAYTIME PHONE NUMBER: [redacted] | OPTIONAL: FAX / E-MAIL ADDRESS: annseg4sonoracitycouncil@gmail.com

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD: CITY COUNCIL MEMBER

JURISDICTION (LOCATION): SONORA CA | 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
COMMITTEE TO ELECT ANN SEGERSTROM TO SONORA CITY COUNCIL 2024	[redacted] SONORA CA 95370	SEAN BRENNAN
COMMITTEE # 1466580		

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 February 1, 2024 (DATE) By [redacted]