

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

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

**Amendment** (Explain Below)

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Date Stamp  
**RECEIVED**  
AUG - 4 2020  
CITY OF ARCATA  
CITY MANAGER'S OFFICE

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information Ogden Peterson-Sones

NAME OF OFFICEHOLDER OR CANDIDATE

[Redacted] Sunset Avenue  
STREET ADDRESS

Arcata CA 95521  
CITY STATE ZIP CODE

[Redacted]  
AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held Arcata City Council Member

OFFICE SOUGHT OR HELD

Arcata, CA  
JURISDICTION (LOCATION)

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 |
|--------------------------------|-------------------|-------------------|
|                                |                   |                   |
|                                |                   |                   |

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 8/4/2020  
DATE

By [Redacted]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE