

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

RECEIVED

CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11/3/2020

Amendment (Explain Below)

SEP 23 2020

CITY OF DIXON

1. Statement Covers Calendar Year 20 20.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Kevin M. Johnson

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

kgjforcouncil@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

City of Dixon

DISTRICT NUMBER  
(IF APPLICABLE)

3

**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

Kevin Johnson for Dixon City Council 2020

COMMITTEE ADDRESS

[REDACTED]

NAME OF TREASURER

Victoria Johnson

**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

9/22/20

DATE

By

[Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE