

Officeholder and Candidate
Campaign Statement –
Short Form

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

☐ Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

RECEIVED

AUG 10 2026

BY: _____

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Charis Bowman

STREET ADDRESS

CITY

AREA CODE/DAYTIME PHONE NUMBER

STATE

ZIP CODE

Blue Lake CA 95525

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Blue Lake City Council

JURISDICTION (LOCATION)

Blue Lake

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

8/10/26

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE