Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp: FILED JAN 15 2021 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Denise J. Carter

[redacted]

ZIP CODE

Colusa CA 95932

AREA CODE/DAYTIME PHONE NUMBER: 530-682-9701

OPTIONAL: FAX / E-MAIL ADDRESS: dcarter@countyofcolusa.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD: County Supervisor

JURISDICTION (LOCATION): Colusa County

DISTRICT NUMBER (IF APPLICABLE): V

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	N/A
N/A	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 $[illegible] 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 [illegible] is true and correct.

Executed on 1/15/21
DATE

By [redacted]