5. Ver		 4. Cor	AREA AREA	M/	2. Offi	1. Sta		Short Form	Officel Campa
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.	ification	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. NAME OF	CITY ARBUCKLE AREA CODE/DAYTIME PHONE NUMBER	MARY FAHEY	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE	Statement Covers Calendar Year 20 $\frac{21}{2}$		-orm	Officeholder and Candidate Campaign Statement –
y knowledge I certify under p		that are prim	STATE CA OPTIONAL			-	AUG	Date of e (Mc	
anticipate that I will repeated to the service of t		narily formed to rece	STATE ZIP CODE CA 95912 OPTIONAL: FAX/E-MAIL ADDRESS				AUGUST 31, 2021	Date of election if applicable: (Month, Day, Year)	
eceive less than \$2,000 and that I will spend less than \$2,000 during the cert the laws of the State of California that the foregoing is true and correct.		eive contributions or to make expenditu		BOARD MEMBER, COLUSA BASIN DRAINAGE DISTRICT JURISDICTION (LOCATION) DISTRICT (Div. 2) DIV	3. Office Sought or Held OFFICE SOUGHT OR HELD	d		Amendment (Explain Below)	
		res on behalf of y		LUSA BASIN DR		CULUSA COUNTY (LEXAMECUNDEX	PIAT / LULI		Date Stamp
during the cale		our candidacy		AINAGE DIS		Y ALLOWED	ASQUEZ		mp
endar year and that I have used		ndidacy. NAME OF TREASURER		DISTRICT NUMBER (IF APPLICABLE) DIVISION 2				For Official Use Only	CALIFORNIA 470

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