06/07/2022	Date of election if applicable: (Month, Day, Year)	
	Amendment (Explain Below)	
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Use Only	For Official Use Only	
4	FORM	
	CALIFORNIA	Date Stamp

1. Statement Covers Calendar Year 20 22.

>			, _	z:	•
AREA CODE/DAYTIME PHONE NUMBER	Colusa		Janice Anne Bell	NAME OF OFFICEHOLDER OR CANDIDATE	Uniceholder or Candidate Information
OPTIONAL: F	CA				
OPTIONAL: FAX / E-MAIL ADDRESS	95932	ZIP CODE			
					ယ

Colusa County (IF APPLICABLE)	JURISDICTION (LOCATION)	District 5 Supervisor	OFFICE SOUGHT OR HELD	Office Sought or Held
LICABLE)	DISTRICT NUMBER			

4. Committee Information

530-821-9561

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 INDING AND LD. NOMBER
		COMMITTEE ADDRESS
	NAME OF IREASURER	יייייייייייייייייייייייייייייייייייייי

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.

	DATE	Evacuted on Proceedings 14, 2021	December 1/ 2021	
				William Course See as a second
4				
	Control of the Contro	ě.		

FPPC Form 4/014/0 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov