Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
7/1/21-12/31/21		FILED JAN 24 2022 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	For Official Use Only

1. **Statement Covers Calendar Year 20** 21.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

ROSE GALLO-VASQUEZ

[redacted]

COLUSA CA 95932

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

(530) 458-0500

OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD

COUNTY CLERK-RECORDER

JURISDICTION (LOCATION)

COLUSA COUNTY

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
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 $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 JANUARY 24, 2022

DATE

[redacted]