

Officeholder and Candidate
Campaign Statement -
Short Form

CALIFORNIA 470 FORM For Official Use Only	
Date Stamp FILED JAN 12 2022 JOSE GALLO-VASQUEZ COLUSA COUNTY CLERK	☐ Amendment (Explain Below)

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE	
Daurice Kalfsbeek Smith	
Colusa	ZIP CODE
CA 95932	
AREA CODE/DAYTIME PHONE NUMBER	
530-458-0508	
OPTIONAL: FAX / E-MAIL ADDRESS	
dkalfsbeeksmith@county.ca.gov	

3. Office Sought or Held

OFFICE SOUGHT OR HELD
County Supervisor
JURISDICTION (LOCATION)
Colusa County
DISTRICT NUMBER (IF APPLICABLE)
11

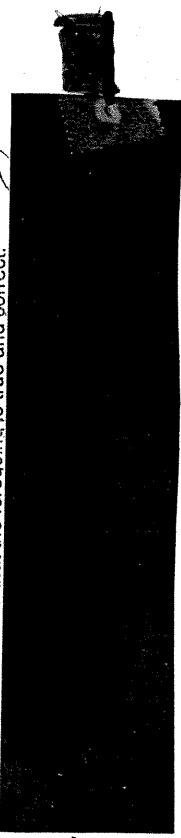
4. Committee Information

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 \$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 1-10-2022 By 

Clear Form

Print Form