Officeholder and Candidate Campaign Statement - Short Form

FILED
Date Stamp
JAN 13 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	CALIFORNIA FORM 470
		For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael P. West

[redacted]

Colusa CA 95932

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

(530) 682-5507 aceeast@me.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Colusa County Superintendent of Schools

JURISDICTION (LOCATION) | 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

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.

[redacted]

Executed on 1.6.2022
DATE

Clear Form Print Form