Short Form Campaign Statement -Officeholder and Candidate

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JUNE 7, 2022	Date of election if applicable: (Month, Day, Year)	
	Amendment (Explain Below)	
ROSE GALLO-VASQUEZ	S.	Date Stamp
	For Official Use Only	CALIFORNIA 470

Statement Covers Calendar Year 20 22

:~	Officeholder or Candidate Information		ယ
	NAME OF OFFICEHOLDER OR CANDIDATE		
	JOSE MERCED CORONA		
	ARBUCKLE	CA 95912	
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	

JURISDICTION (LOCATION) OFFICE SOUGHT OR HELD **BOARD OF SUPERVISORS COLUSA COUNTY** DISTRICT NUMBER (IF APPLICABLE) SUP. DIST. 1

Office Sought or Held

4. Committee Information

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

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

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DATE	Carlo de Caramero Casacarrence	

