Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
JUNE 7, 2022		FILED JUN 07 2022 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BRENDAN FARRELL

CITY
COLUSA

STATE
CA

ZIP CODE
95932

AREA CODE/DAYTIME PHONE NUMBER
530 788 3118

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DISTRICT ATTORNEY

JURISDICTION (LOCATION)
COLUSA

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 6/7/22
DATE

By [redacted]

Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
JUNE 7, 2022		FILED MAY 03 2022 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	For Official Use Only

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2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

BRENDAN FARRELL

[redacted]

CITY: COLUSA STATE: CA ZIP CODE: 95932

AREA CODE/DAYTIME PHONE NUMBER: 530-933-5947

OPTIONAL: FAX / E-MAIL ADDRESS: bfarrell777@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD: DISTRICT ATTORNEY

JURISDICTION (LOCATION): COLUSA COUNTY

DISTRICT NUMBER (IF APPLICABLE): N/A

4. Committee Information

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

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Executed on 5/3/22 (DATE) By. _____