

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) JUNE 7, 2022	☐ Amendment (Explain Below) _____	Date Stamp FILED JUN 08 2022 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE Michael Paul West	OFFICE SOUGHT OR HELD County Superintendent of Schools
AREA CODE/DAYTIME PHONE NUMBER 530-682-5507	JURISDICTION (LOCATION) Colusa County
OPTIONAL: FAX / E-MAIL ADDRESS Acceast@mc.com	DISTRICT NUMBER (IF APPLICABLE)
ZIP CODE 95932	

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.

Executed on 6.8.2022
DATE

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 06.07.2022	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael P. West

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Superintendent of Schools

JURISDICTION (LOCATION)

County of Colusa

DISTRICT NUMBER
(IF APPLICABLE)

CITY

STATE ZIP CODE

Colusa

CA

95932

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

(530) 682.5507

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.

Executed on 4.28.2022

DATE

FILED

MAY 03 2022

ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER