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 APR 27 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

Robert Zunino

CITY | STATE | ZIP CODE

Colusa | CA | 95932

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

530-870-2847 | robertzunino@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Auditor-Controller

JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE)

County of Colusa

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 April 27, 2022
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
~~July~~ JUNE 7, 2022		FILED MAY 24 2022 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	For Official Use Only

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NAME OF OFFICEHOLDER OR CANDIDATE

Robert Zunino

STREET ADDRESS

CITY | STATE | ZIP CODE

Colusa | CA | 95932

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

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Executed on May 23, 2022 (DATE)

By [redacted] (SIGNATURE OF OFFICEHOLDER)