Short Form Officeholder and Candidate Campaign Statement –

JUNE 7,2022	Date of election if applicable: (Month, Day, Year)	
	Amendment (Explain Below)	
ROSE GALLO-VASQUEZ	MPR 2 7 2022	Date Statistic
307	For Official Use Only	CALIFORNIA 470

Statement Covers Calendar Year 20 22

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<u>5</u>	2. Officeholder or Candidate Information			3. Office Sought or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD	
	Robert Zunino			Auditor-Controller	
		The state of the s		JURISDICTION (LOCATION)	DISTRICT NUMBER
				County of Colusa	(ור ארדכוניאטנה)
	CITY	STATE	ZIP CODE		
	Colusa	CA	95932		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: F	OPTIONAL: FAX / E-MAIL ADDRESS		
l	530-870-2847	robertzur	robertzunino@gmail.com		

1 4 Committee Information

	COMMITTEE NAME AND I.D. NUMBER	List all committees of which you have knowledge that are primarily formed to receive contributions or to make expe
	COMMITTEE ADDRESS	arily formed to receive contributions or to make expenditures o
	NAME OF TREASURER	nditures on behalf of your candidacy.

က 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	
Executed onApril 27, 2022	• •
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(Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Officeholder and Candidate Campaign Statement – Short Form

July 7, 2022	Date of el (Mo	ement –
022	Date of election if applicable: (Month, Day, Year)	
ROL	Amendment (Explain Below)	
ROSE GALLO-VASQUEZ		Date Stamp
	For Official Use Only	CALIFORNIA 470

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Statement	2
Covers	
Calendar	-
Year 20	3
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5	Officeholder or Candidate Information	3	3. Office Sought or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
	Robert Zunino		Auditor-Controller	
	⇒ STREET ADDRESS	STY-MAL.	JURISDICTION (LOCATION)	DISTRICT NUMBER
			County of Colusa	(IF AFFLICABLE)
	5	STATE ZIP CODE		
	Colusa	CA 95932		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS		
	530-870-2847	robertzunino@gmail.com		

4. Committee Information

List all committees of which you have knowledge that are prim	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 NAME OF	n behalf of your candidacy. 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 .	
DATE	May 23, 2022	