Short Form Campaign Sta Officeholder and Candidate

Pre-Electioni Copers 1/1 - 4/23/22

	atement –
6/7/2022	Date of election if applicable: (Month, Day, Year)
	Amendment (Explain Below)
ROSE GALLO-VASQUEZ	Date Stamp
	CALIFORNIA 470 FORM For Official Use Only

Statement Covers Calendar Year 20 20

'n	2. Officeholder or Candidate Information			ယ	3. Office Sought or Held
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD
	Arisold Cano				Colusa County Assessor
N.					JURISDICTION (LOCATION)
					Colusa
-	CITY	STATE	ZIP CODE		
	Colusa	Ca.	95932		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: F	OPTIONAL: FAX / E-MAIL ADDRESS		
	530-458-0450				

Committee Information

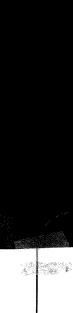
COMMITTEE NAME AND I.D. NUMBER COMMITTEE ADDRESS	COMMITTEE ADDRESS NAME OF	NAME OF TREASURER

Ċ Verification

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 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

B

Executed on _



FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 470/470 Supplement (Jan/2016)

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