# Officeholder and Candidate Campaign Statement – Short Form

| Date of election if applicable: (Month, Day, Year) | ☐ Amendment (Explain Below) | Date Stamp | CALIFORNIA FORM 470 |
|---|---|---|---|
| NOV 5 2024 | | FILED AUG 05 2024 CRISTY JAYNE EDWARDS COLUSA COUNTY CLERK-RECORDER | For Official Use Only |

1. **Statement Covers Calendar Year 20** 24.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE: Dustin Whitney

STREET ADDRESS: [redacted]

CITY: Stonyford | STATE: CA | ZIP CODE: 95979

AREA CODE/DAYTIME PHONE NUMBER: ~~530-300-27~~ 530-300-2741 | OPTIONAL: FAX / E-MAIL ADDRESS:

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD: Vice Chairperson

JURISDICTION (LOCATION): Bear Valley - Indian Fire Protection District | 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 |
|---|---|---|
| | | |
| | | |

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.

X Executed on 8/5/24 (DATE)

By [redacted] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

# Officeholder and Candidate Campaign Statement Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (Explain Below)

Date Stamp

FILED
AUG 05 2024
CRISTY JAYNE EDWARDS
COLUSA COUNTY CLERK-RECORDER

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

## 1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dwain Whitney

STREET ADDRESS
[redacted]

CITY
Stonyford

STATE
CA

ZIP CODE
95979

AREA CODE/DAYTIME PHONE NUMBER
530-300-2741

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Office Sought

OFFICE SOUGHT
Vice Chairperson

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

## 3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

(MONTH, DAY, YEAR)