	ampaign Statement – nort Form			Date Stamp	CALIFORNIA 170
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 2 2 2024	FORM For Official Use Only
-		7-22-24		COLUSA COUNTY CLERK-REC	RDS ORDER
1.	Statement Covers Calendar Year 20 _2 \	<u>;</u> )			
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE  Seph March		3. Office Sought OFFICE SOUGHT OR HE		
	STREET ADDRESS  CITY  530 476-3773	STATE ZIP CODE	JURISDICTION (LOCATIO	ON)	DISTRICT NUMBER (IF APPLICABLE)
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS			
4.	Committee Information List all committees of which you have knowledge the	nat are primarily formed to rec	eive contributions or to make a	Voor die	
	COMMITTEE NAME AND I.D. NUMBER	1	COMMITTEE ADDRESS	xperiditures on behalf of your ca	andidacy.  NAME OF TREASURER
5.	Verification				
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I contains the statement of the best of my all reasonable diligence in preparing this statement. I contains the best of my all reasonable diligence in preparing that to the best of my all reasonable diligence in preparing this statement.	knowledge I anticipate that I will nertify under penalty of perjury und	receive less than \$2,000 and that der the laws of the State of Californ	I will spend less than \$2,000 during that the foregoing is true and contains the foregoing is true and con	orrect.
				ENATURE OF OFFICE USE OFFI	

Officeholder and Candidate

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