

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

11/4/24

☐ Amendment (Explain Below)

Date Stamp

FILED

JUL 24 2024

CRISTY JAYNE EDWARDS
COLUSA COUNTY CLERK-RECORDER

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Melissa Davis

STREET ADDRESS

CITY

Stonyford

AREA CODE/DAYTIME PHONE NUMBER

530-264-6949

STATE

Ca

ZIP CODE

95979

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

S.C. School Board

JURISDICTION (LOCATION)

A4

DISTRICT NUMBER
(IF APPLICABLE)

A4

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

DATE

7/23/24

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE