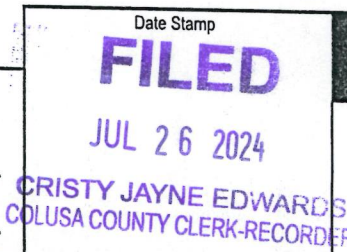


Officeholder and Candidate
Campaign Statement –
Short Form

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

11-5-24

☐ Amendment (Explain Below)



CALIFORNIA
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Madison Martin

STREET ADDRESS

[REDACTED]

CITY

Colusa

STATE

CA

ZIP CODE

95932

AREA CODE/DAYTIME PHONE NUMBER

530-774-5726

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Colusa County Office of Education

JURISDICTION (LOCATION)

Trustee Area 2

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.

Executed on

07-26-2024

DATE

By

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE