

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____
Date Stamp FILED JAN 29 2021 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER	
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MASTTHEW R. BEAUCHAMP

AREA CODE/DAYTIME PHONE NUMBER
530-458-0545

COLUSA CA ZIP CODE
95932

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DISTRICT ATTORNEY

JURISDICTION (LOCATION)
COLUSA COUNTY

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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

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 1/28/21 DATE

By _____

Clear Form

Print Form