

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	<p style="text-align: center;">Date Stamp</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">FILED</p> <p style="text-align: center;">JAN 13 2021</p> <p style="text-align: center;">ROSE GALLO-VASQUEZ CLUSA COUNTY CLERK-RECORDER</p>	<p style="text-align: center; font-weight: bold;">CALIFORNIA FORM 470</p> <p style="text-align: center; font-size: 0.8em;">For Official Use Only</p>

1. Statement Covers Calendar Year 20 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MAJ HERRERA

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER 909 256 4695 EXT 942 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD PROBATION JUDGE

JURISDICTION (LOCATION) SAN JOSE 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
<u>ROSC</u>		

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 JAN 13 2021 DATE

By [REDACTED]

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