

**Officeholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

Date Stamp

FILED

JAN 19 2021

ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER


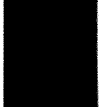
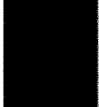
CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Zunino

CITY:  STATE:  ZIP CODE: 

CITY: **Colusa** STATE: **CA** ZIP CODE: **95932**

AREA CODE/DAYTIME PHONE NUMBER: **530-870-2847**

OPTIONAL: FAX/E-MAIL ADDRESS: **robertzunino@gmail.com**

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Auditor-Controller

JURISDICTION (LOCATION): **County of Colusa**

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
<i>MLK</i>		

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 January 1, 2021 DATE

Clear Form

Print Form

By 