

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

Date of election if applicable: (Month, Day, Year) <u>8/31/2021</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp <b>FILED</b> JUN 01 2021 ROSE GALLO-VASQUEZ COLUSA COUNTY CLERK-RECORDER
		CALIFORNIA FORM <b>470</b> For Official Use Only

1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 MICHAEL BELL

CITY [REDACTED] STATE ZIP CODE  
 WILLOWS CA 95988

AREA CODE/DAYTIME PHONE NUMBER 530 438-2633  
 OPTIONAL: FAX /E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
 BOARD MEMBER, MAXWELL IRRIGATION DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
 DISTRICT N/A

**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 6-1-2021 DATE

By [REDACTED]