

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p>AUGUST 31, 2021</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>
<p>Date Stamp</p> <p>FILED</p> <p>MAY 10 2021</p> <p>ROSE GALLO-VASQUEZ SOLIS COUNTY CLERK-RECORDER</p>	
<p>For Official Use Only</p> <p>CALIFORNIA FORM 470</p>	

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
PERRY TIMOTHY CHARTER

CITY
ARBUCKLE

STATE
CA

ZIP CODE
95912

AREA CODE/DAYTIME PHONE NUMBER
530 304-8261

OPTIONAL: FAX/E-MAIL ADDRESS
PERRY@TNPFFARMS.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD MEMBER, WESTSIDE WATER DISTRICT

JURISDICTION (LOCATION)
DISTRICT

DISTRICT NUMBER (IF APPLICABLE)
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 May 10 2021 DATE

By _____