

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
 Amendment (Explain Below)
 Semi-annual

Date Stamp
FILED
 JUL 08 2021
 ROSE GALLO-VASQUEZ
 COLUSA COUNTY CLERK-RECORDER
CALIFORNIA FORM 470
 For Official Use Only

1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Matthew R. Beauchamp
 CITY STATE ZIP CODE
 Colusa CA 95932
 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 District Attorney
 JURISDICTION (LOCATION)
 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.

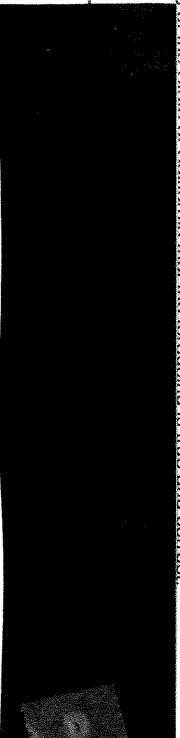
COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		
N/A		

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 July 8, 2021
 DATE

By



[Clear Form](#)

[Print Form](#)