

Officeholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

Date Stamp
RECEIVED
AUG 16 2022
Glenn County Assessor

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Alex Parrisio

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Willows CA 95788

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
530-330-1781

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Willows Unified

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
[REDACTED]		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$500 in contributions 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 information provided on this form is true and correct.

Executed on _____ DATE

[REDACTED SIGNATURE]

Clear Form Print Form