

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

Date Stamp FILED SENDA PEREZ, COUNTY CLERK	CALIFORNIA FORM 470
JUL 08 2022	For Official Use Only
BY [REDACTED] DEPUTY	

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Tracey J Quarne

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Orland CA 95963

AREA CODE/DAY TIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530 520 9496 tquarne@hotmail.com

OFFICE SOUGHT OR HELD
County Superintendent of Schools

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Colenn County

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
<u>None</u>	<u>None</u>	<u>None</u>
<u>None</u>	<u>None</u>	<u>None</u>

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 information provided in this statement is true and correct.

Executed on July 5, 2022 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE