

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

Date Stamp RECEIVED SENDA PEREZ, COUNTY CLERK  JUL 22 2022 BY: [REDACTED] DEPUTY	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
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1. Statement Covers Calendar Year 20 \_\_\_\_\_ .

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Melania Rossman

STREET ADDRESS  
ORland

CITY  
ORland

STATE  
Ca

ZIP CODE  
95943

AREA CODE/DAY TIME PHONE NUMBER  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
rossman35@icloud.com

OFFICE SOUGHT OR HELD  
Dist 2 Sup

JURISDICTION (LOCATION)  
Glenn Co

DISTRICT NUMBER (IF APPLICABLE)  
2

**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 \_\_\_\_\_ that the above information is true and correct.

Executed on 7-24-22 DATE

[REDACTED] OFFICEHOLDER OR CANDIDATE