

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

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

**Amendment** (Explain Below)

Date Stamp  
FILED  
SENDA PEREZ, COUNTY CLERK  
JAN 30 2024  
BY [REDACTED] DEPUTY

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Monica Rossman

STREET ADDRESS  
[REDACTED]

CITY  
Orland Ca

STATE  
Ca

ZIP/ CODE  
95963

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS  
mkrossman@Countyofglenn.net

OFFICE SOUGHT OR HELD  
board of Supervisors

JURISDICTION (LOCATION)  
Glenn

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 the state of California that the information provided is true and correct.

Executed on 1/30/24 DATE

By [REDACTED] CANDIDATE