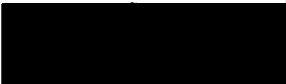


**Officeholder and Candidate  
Campaign Statement -  
Short Form**

|  |   |  |   |
|--|---|--|---|
| Date of election if applicable:<br>(Month, Day, Year)<br><u>6/7/22</u> | <input type="checkbox"/> <b>Amendment</b> (Explain Below)<br>_____<br>_____ | Date Stamp<br><b>FILED</b><br><b>SENDY PEREZ, COUNTY CLERK</b><br><br>BY <u>[Redacted]</u> DEPUTY | <b>CALIFORNIA FORM 470</b><br>For Official Use Only |
|--|---|--|---|

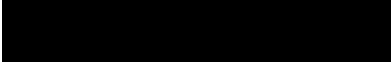
**1. Statement Covers Calendar Year 20** 22.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Monica Rossman

STREET ADDRESS



CITY

Oakland

AREA CODE/DAYTIME PHONE NUMBER

Ca 95943

STATE ZIP CODE

rossman35@icloud.com

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Glenn Supervisor

JURISDICTION (LOCATION)

Glenn County

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 |
|--------------------------------|-------------------|-------------------|
| <u>[Redacted]</u>              |                   |                   |

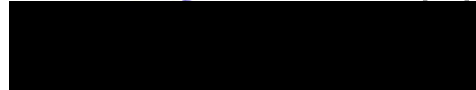
**5. Verification**

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 foregoing is true and correct.

Executed on

2/14/22

DATE



SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form