

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



**CALIFORNIA  
FORM 470**  
For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/8/2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 22 .

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Richard Casavecchia

STREET ADDRESS  
954 Potter St

CITY STATE ZIP CODE  
Winters CA 95694

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(916)337-1260

OFFICE SOUGHT OR HELD  
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Winters

**4. Committee Information**

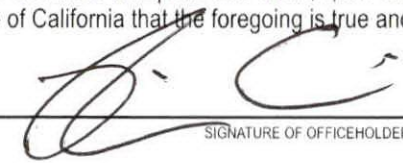
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 foregoing is true and correct.

Executed on 8/9/2022  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp

**CALIFORNIA**  
**FORM** **470**  
**SUPPLEMENT**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

CITY STATE ZIP CODE

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

**2. Office Sought**

OFFICE SOUGHT

DISTRICT NUMBER  
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

\_\_\_\_\_  
(MONTH, DAY, YEAR)