

Officeholder and Candidate
 Campaign Statement –
 Short Form



ENTERED

Date Stamp RECEIVED JUL 26 2022	CALIFORNIA FORM 470 For Official Use Only
--	---

Date of election if applicable: (Month, Day, Year) 11/8/2022	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
--	---

1. Statement Covers Calendar Year 20 _____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Albert Vallecillo

STREET ADDRESS
 210 Main St.

CITY Winters	STATE CA	ZIP CODE 95694
-----------------	-------------	-------------------

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 City Council

JURISDICTION (LOCATION) Winters	DISTRICT NUMBER (IF APPLICABLE)
------------------------------------	---------------------------------

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
NA		

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 7/24/2022 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE