

Officeholder and Candidate
Campaign Statement –
Short Form

RECEIVED

CALIFORNIA
FORM

470

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

11-8-22

☐ Amendment (Explain Below)

AUG 17 2022

City Clerk's Office
City of Hughson

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

HEATHER SIGALA

STREET ADDRESS

CITY

HUGHSON

STATE

CA

ZIP CODE

95326

AREA CODE/DAYTIME PHONE NUMBER

209 620 2781

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

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

N/A

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

AUGUST 19, 2022

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

