Officeholder and Candidate			
Campaign Statement Form 470 Supplement	Amendment (Explain Below)	Date Stamp	CALIFORNIA 470
		RECEIVED	FORM SUPPLEMENT
SEE INSTRUCTIONS ON REVERSE		SEP 9 2022	For Official Use Only
This form is written notification that the officeholder/candidate listed below has recemade expenditures of \$2,000 or more during the calendar year.	eived contributions totaling \$2,000 or more or has	AMADOR COUNTY ELECTION	5
1. Officeholder or Candidate Information	A WISE		•
NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS			***
GITY TOO WEEK CA	95085 ZIP CODE		
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL	L: FAX/E-MAILADDRESS		
2. Office Sought SCHOOL BOARD SA	CVSO 10 DISTRICT NUM		
DATE OF ELECTION (MONTH, DAY, YEAR)	(IF APPLICABL	1	
3. Date Contributions Totaling \$2,000 or More Were Received or	Date Expenditures of \$2,000 or More W	ere Made	
918/2027 (MONTH, DAY, YEAR)			