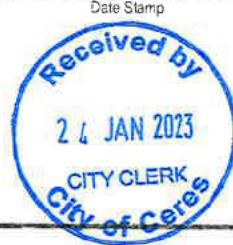


Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11/3/2026	<input type="checkbox"/> Amendment (Explain Below) _____	Date Stamp 	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Rosalinda Vierra

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Ceres

CA

95307

AREA CODE/DAY/TIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Ceres City Council

JURISDICTION (LOCATION)

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
Rosalinda Vierra for Ceres City Council District 2 in 2026	[REDACTED] Ceres, CA 95307	Rosalinda Vierra
ID Number: 1456778		

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.

1/20/2023

Executed on

DATE

B

NAME OF OFFICEHOLDER OR CANDIDATE