Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Date Stamp CALIFORNIA FORM For Official Use Only	0
1.	Statement Covers Calendar Year 20 22				
2.	Officeholder or Candidate Information		3. Office Sought or H	eld	
	NAME OF OFFICEHOLDER OR CANDIDATE	1	OFFICE SOUGHT OR HELD		
	TEOFILO "TOPO" BAU	TISTA	COUNSIL	Member.	_
	STREET ADDRESS .		JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)	
			Mendo	SA CA.	_
	CITY	STATE ZIP CODE			
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS			
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	1	COMMITTEE ADDRESS	NAME OF TREASURER	
5.	Verification				
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I can	knowledge I anticipate that I will recrify under penalty of perjury und	eceive less than \$2,000 and that I will ser the laws of the State of California the	spend less than \$2,000 during the calendar year and that I have u at the foregoing is true and correct.	se
	Executed on 10 - 26 - 20 2	2	By _		-
	DATE		\mathcal{C}	SIGNATURE OF STRUCTURE OF SAME	