

Officeholder and Candidate  
Campaign Statement –  
Short Form

RECEIVED

CALIFORNIA  
FORM 470

SEP 21 2022

For Official Use Only

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

11-08-22

Amendment (Explain Below)

CITY OF HEALDSBURG

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Brigette Mansell

STREET ADDRESS

[REDACTED]

Healdsburg CA 95448

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Healdsburg City Council

JURISDICTION (LOCATION)

Healdsburg, CA 95448

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

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 September 21, 2022  
DATE

By [REDACTED]  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE