

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp 	CALIFORNIA FORM 470
			For Official Use Only

1. Statement Covers Calendar Year 20 2021 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Craig Wilson

STREET ADDRESS

318 Wyoming St

CITY

Fairfield

STATE

CA

ZIP CODE

94533

AREA CODE/DAYTIME PHONE NUMBER

(707) 646-1751

OPTIONAL: FAX / E-MAIL ADDRESS

craigbwilson@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Trustee, Fairfield-Suisun Unified School District

JURISDICTION (LOCATION)

Fairfield and Suisun City, Solano County CA

DISTRICT NUMBER
(IF APPLICABLE)

Trustee Area 4

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
(none)		

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 November 4, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE