


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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED Date Stamp JAN 19 2022 BY: 	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Cherilyn Bairos
 STREET ADDRESS
389 Nutcrest Court
 CITY
Oakdale STATE
CA ZIP CODE
95361
 AREA CODE/DAYTIME PHONE NUMBER
209-845-3694 OPTIONAL FAX/EMAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor
 JURISDICTION (LOCATION)
City of Oakdale 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
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 _____ DATE
 By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE