

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

Date of election if applicable: (Month, Day, Year) <u>11-8-16</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp <u>AUG 17 2016</u> CITY OF CAPITOLA CITY CLERK	<table border="1"> <tr> <td style="background-color: #333; color: white; text-align: center;"> CALIFORNIA FORM 470 </td> </tr> <tr> <td style="text-align: center;"> For Official Use Only </td> </tr> </table>	CALIFORNIA FORM 470	For Official Use Only
CALIFORNIA FORM 470					
For Official Use Only					

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Bob Edgren

STREET ADDRESS
204 Monterey Ave Capitola CA

CITY STATE ZIP CODE
831 402-2111 95010

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Capitola

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
<u>n/a</u>		

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 8-17-16
DATE

By [Signature]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form