Officeholder and Candidate Campaign Statement - Short Form

1. Statement Covers Calendar Year 2016

2. Officeholder or Candidate Information

   NAME OF OFFICEHOLDER OR CANDIDATE: Bob Edgren
   STREET ADDRESS: 200 Monterey Ave, Capitola, CA
   CITY: Capitola
   STATE: CA
   ZIP CODE: 95010

3. Office Sought or Held

   OFFICE Sought or HELD: City Council member
   JURISDICTION (LOCATION): Capitola
   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
   _________________________________ | _______________________ | ___________________
   N/A | | 

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 OF OFFICEHOLDER OR CANDIDATE

   FPPC Form 470 Supplement (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov