

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

Date of election if applicable:
(Month, Day, Year)
11-8-16

Amendment (Explain Below)

RECEIVED
City of Oroville
SEP 28 2016
Community Development
and
Public Works

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
CIA4 Hemstark
STREET ADDRESS
CITY Oroville STATE Ca ZIP CODE 95966
AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Oroville City Council
JURISDICTION (LOCATION) Oroville 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 9-23-16 DATE

By _____ OFFICEHOLDER OR CANDIDATE

Clear Form Print Form