

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

CALIFORNIA FORM 470
For Official Use Only

Date Stamp
City of Oroville
AUG 09 2018
Administration

Amendment (Explain Below)

Date of election if applicable:
(Month, Day, Year)
Nov 6 2018

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JACK BERRY

STREET ADDRESS
1111

CITY
OROVILLE

STATE
CA

ZIP CODE
95965

AREA CODE/DAYTIME PHONE NUMBER
530-533-2241

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION)
CITY OF 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 Aug 9 2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**