

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
11/8/2016

Amendment (Explain Below)

Date Stamp
RECEIVED
Office of the City Clerk
JUL 27 2016
CITY OF FORTUNA

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tami Trent

STREET ADDRESS
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER 707 725-3704

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Fortuna

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 7/26/2016
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form