Officeholder and Candidate Campaign Statement - Short Form

Date Stamp	CALIFORNIA FORM 470
RECEIVED Office of the City Clerk JUL 27 2016 CITY OF FORTUNA	For Official Use Only

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)
11 8 16	

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dean Glaser

STREET ADDRESS
1546 Ronald Ave

CITY: Fortuna
STATE: Ca
ZIP CODE: 95540

AREA CODE/DAYTIME PHONE NUMBER
7077253880

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
City of 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 7-25-16
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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