

Officeholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

Date Stamp
RECEIVED
Office of the City Clerk
JUL 26 2018
CITY OF FORTUNA

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jeremy Stanfield

STREET ADDRESS

125 12th Street

CITY

Fortuna

STATE

CA

ZIP CODE

95540

AREA CODE/DAYTIME PHONE NUMBER

(707) 496-3806

OPTIONAL: FAX / E-MAIL ADDRESS

councilmanstanfield@gmail.com

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
<i>Jeremy Stanfield for Fortuna City Council</i>	<i>125 12th Street Fortuna CA 95540</i>	<i>Michelle Moreno</i>

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

7/23/18
DATE

Clear Form

Print Form