

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year) 11-8-2016	<input type="checkbox"/> Amendment (Explain Below)	FILED Date Stamp AUG 12 2016 ALBANY CITY CLERK	CALIFORNIA 470 FORM For Official Use Only
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1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Amber Whitson

STREET ADDRESS: 931 Madison Street

CITY: Albany STATE: CA ZIP CODE: 94706

AREA CODE/DAYTIME PHONE NUMBER: 510 978-8850 OPTIONAL: FAX / E-MAIL ADDRESS: phamber.thebu@gmail.com

OFFICE SOUGHT OR HELD: City Council

JURISDICTION (LOCATION): City of Albany 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 August 10, 2016 DATE

By [Redacted] CANDIDATE