

Officeholder and Candidate Campaign Statement - Short Form

FILED
Date Stamp

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

Nov 8, 2016

Amendment (Explain Below)

AUG 11 2016

CALIFORNIA 470 FORM
For Official Use Only

ALBANY CITY CLERK

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Barnes

STREET ADDRESS

519 CURTIS ST.

CITY

ALBANY

STATE

CA

ZIP CODE

94706

AREA CODE/DAYTIME PHONE NUMBER

(510) 926-0354

OPTIONAL: FAX / E-MAIL ADDRESS

Michael Barnes@gmail.com

3. Office Sought or Held

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

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 7, 2016

DATE

By

[Redacted Signature]

Clear Form

Print Form