

Officeholder and Candidate Campaign Statement - Short Form

<p>FILED</p> <p>Date Stamp</p> <p>AUG 12 2016</p> <p>ALBANY CITY CLERK</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
---	--

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kim Denton

STREET ADDRESS
1000 San Pablo Avenue

CITY
Albany STATE
CA ZIP CODE
94706

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Treasurer

JURISDICTION (LOCATION)
Albany, CA

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

AREA CODE/DAYTIME PHONE NUMBER
510-528-5730

OPTIONAL: FAX / E-MAIL ADDRESS
Kdenton@albanyca.org

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 11, 2016 DATE

By _____

Clear Form

Print Form