Officeholder and Candidate Campaign Statement - Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Ceived I City Clerk 12 AM 10: 47	FORM 470 For Official Use Only	
1.	Statement Covers Calendar Year					
2.	Officeholder or Candidate Inform		3. Office Sought of the Sought	LD		
	STREET ADDRESS 3307 SALL MAR CITY (805) 377-1234 AREA CODE/DAYTIME PHONE NUMBER	St. OXN ARD C. STATE ZIPCOL MOKQYNDVE OPTIONAL: FAX/E-MAIL	JURISDICTION (LOCATION JURISDICTION (LOCATION ALL G 3033 - 3 8 29 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2	2/8d	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	
musukonimook						
5.	Verification I declare under penalty of perjury that to the bused all reasonable diligence in preparing this Executed on 2 - / 2 - / 2	s statement. I certify under penalt	that I will receive less than \$2 ,000 and that I y of perjury under the laws of the State of Ca	lifornia that the foregoing is	true and correct.	
	Clear Form Print Form	TE ,		SIGNATURE OF OFFICEHOL	DER OR CANDIDATE	

Officeholder and Candidate Campaign Statement -	Amendment (Explain Below)	Pate Stamp Received Ird City Clerk	FORM 470
Form 470 Supplement			For Official Use Only
SEE INSTRUCTIONS ON REVERSE	2018 F	EB 12 AM 10: 47	
This form is written notification that the officeholder/candidate listed below has rece or has made expenditures of \$2,000 or more during the calendar year.	ived contributions totaling \$2,000 or more		
1. Officeholder or Candidate Information Modes fo Morey Wavarro NAME OF OFFICEHOLDER OR CANDIDATE			
410 E PU RUTEY OX		en sinske skrede sedelski de koloniski de skrede de koloniski skrede skrede skrede skrede sede de skrede sk	
DXWARD Cal	93033 - 382	9	
exwand, ept cal	ZIP CODE		
(805) 377-1234	L: FAX / E-MAIL ADDRESS		
2. Office Sought			
OFFICE SOUGHT	DISTRICT NUME (IF APPLICABLE)		
DATE OF ELECTION MONTH, DAY, YEAR)			
5-1-2018	-	·	
3. Date Contributions Totaling \$2,000 or More Were Receive	d or Date Expenditures of \$2,00	0 or More Were Ma	de
(MONTH, DAY, YEAR)			
Clear Form Print Form			