Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11/06/2018			For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Caroline Brooks

STREET ADDRESS: 2208 Summer

CITY: Eureka | STATE: CA | ZIP CODE: 95501

AREA CODE/DAYTIME PHONE NUMBER: (707)4440484

OPTIONAL: FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: City Council

JURISDICTION (LOCATION): City of Eureka

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 07/21/2018 (DATE)

By CB (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Clear Form | Print Form

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Caroline Brooks

STREET ADDRESS
2208 Summer

CITY
Eureka

STATE
CA

ZIP CODE
95501

AREA CODE/DAYTIME PHONE NUMBER
(707)4440484

OPTIONAL: FAX / E-MAIL ADDRESS

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OFFICE SOUGHT OR HELD
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