Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
NOV 6th 2018		RECEIVED SEP 27 2018 CITY ADMINISTRATOR	For Official Use Only

1. **Statement Covers Calendar Year 20** 18.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE: Hailey Lamb

STREET ADDRESS: 1130 California Street

CITY: Eureka STATE: Ca ZIP CODE: 95501

AREA CODE/DAYTIME PHONE NUMBER: (707) 273-9036

OPTIONAL: FAX / E-MAIL ADDRESS:

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD: Eureka City Council Ward 1

JURISDICTION (LOCATION): Ward 1

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
Hailey Lamb for Eureka City Council	Coast Central, Eureka Ca. 1130 California Street	Hailey Lamb

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 Sep 27th 2018 (DATE)

By [signature] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Clear Form | Print Form