

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11/3/2020

Amendment (Explain Below)

Date Stamp
RECEIVED
AUG 12 2020
CITY OF LAKEPORT
OFFICE OF CITY CLERK

CALIFORNIA
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Froio

STREET ADDRESS

[REDACTED]

CITY

Lakeport,

STATE

CA

ZIP CODE

95453

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lakeport City Council Member

JURISDICTION (LOCATION)

Lakeport, CA

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 August 12, 2020
DATE

By Michael Froio
SIGNATURE OF OFFICEHOLDER OR CANDIDATE