

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable:
(Month, Day, Year)
11 / 16 / 2018

Amendment (Explain Below)

Date Stamp
RECEIVED
AUG 08 2018
CITY OF LAKEPORT
OFFICE OF CITY CLERK

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Stacey Mattina

STREET ADDRESS
[REDACTED]

STATE CA ZIP CODE 95453

AREA CODE/DAYTIME PHONE NUMBER [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
smattina@cityoflakeport.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
Lakeport

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
<u>Mattina for City Council</u>		

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 8/8/18
DATE

By Stacey Mattina
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form