Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
June 7th, 2016		RECEIVED CITY CLERK'S OFFICE CITY OF SACRAMENTO 2016 MAR -8 A 10:26	For Official Use Only

1. Statement Covers Calendar Year 20 _____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Aaron Carranza

STREET ADDRESS

[redacted]

CITY STATE ZIP CODE

[redacted]

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

([redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor of Sacramento

JURISDICTION (LOCATION)

City of Sacramento

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 3/4/2016 (DATE)

By _____ (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Clear Form Print Form