

Officeholder and Candidate
Campaign Statement -
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Qualified on</u> <u>10/28/16 #1391007</u>	Date Stamp CITY OF DANA POINT 2016 OCT 31 P 1:22 RECEIVED CITY CLERK'S DEPARTMENT	CALIFORNIA FORM 470 For Official Use Only
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This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
PENNY MAYNARD

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED]

AREA CODE/DAY TIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

2. Office Sought

OFFICE SOUGHT
City Council

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)
11/8/16

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/28/16
(MONTH, DAY, YEAR)

Clear Form Print Form