

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **470**

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

11/7/06

Amendment (Explain Below)

Date Stamp

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CITY OF DANA POINT

1. Statement Covers Calendar Year 20 06.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

MARIO MELENDEZ

STREET ADDRESS

POB 7182

CITY

CARSTRANO BEACH, CA.

STATE

ZIP CODE

92624

AREA CODE/DAYTIME PHONE NUMBER

949-842-6936

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

COUNCIL

JURISDICTION (LOCATION)

DANA POINT, 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
<u>N/A</u>		

5. Verification

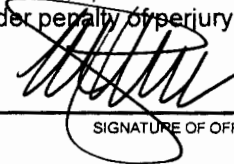
I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7.31.06

DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE