

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) 11,6,2018	<input type="checkbox"/> Amendment (Explain Below) 	CITY OF FOSTER CITY/EMID Date Stamp 18 SEP 27 PM 3:48 RECEIVED	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE Mark Farren		
STREET ADDRESS [REDACTED]		
CITY Foster City	STATE CA	ZIP CODE 94404
AREA CODE/DAYTIME PHONE NUMBER [REDACTED]		OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD Foster City City Council	
JURISDICTION (LOCATION) Foster city	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
none		

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 SEPTEMBER 25 2018
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form