

Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☐ Amendment (Explain Below)

CITY OF FOSTER CITY

Date Stamp

18 OCT 15 PM 2:46

RECEIVED

CALIFORNIA  
FORM 470

For Official Use Only

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

MARK FARREN

STREET ADDRESS

CITY

STATE

ZIP CODE

FOSTER CITY

CA

94404

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

FOSTER CITY CITY COUNCIL

DISTRICT NUMBER  
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

NOV 6 2018

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

10-15-18

(MONTH, DAY, YEAR)

Clear Form

Print Form