

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

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

Amendment (Explain Below)

Date Stamp

RECEIVED

2022 JUL 20 P 5:09

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

CITY OF FOSTER CITY
COMMUNICATIONS/
CITY CLERK

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Patrick J Sullivan

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Foster City [REDACTED]

AREA CODE/DAYTIME PHONE NUMBER
[REDACTED]

OFFICE SOUGHT OR HELD
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
<u>None</u>		

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 not receive more than \$2,000 in contributions used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 07-13-2022
DATE

By [REDACTED]