

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

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

NOVEMBER 7, 2017

Amendment (Explain Below)

Date Stamp
RECEIVED
2017 OCT -5 A 10:03
OFFICE OF CITY CLERK
CITY HALL
SAN MATEO, CA

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 17

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MARK DE PAULA

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
SAN MATEO CA 94403

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
COUNCIL MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
SAN MATEO

4. Committee Information

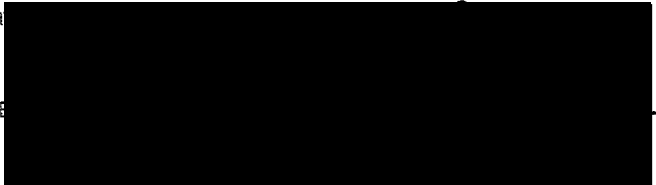
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 law that the information provided is true and correct.

Executed on 10-5-2017
DATE



View Form Print Form