	'n		1	4	I						1	2	1.		(0	00
09/28/2016 DATE	Vertincation  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.	none	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  NAME OF TREASURER  COMMITTEE ADDRESS	Committee Information	805 717 0835	AREA CODE/DAYTIME PHONE NUMBER	Lompoc	CITY COPPY Street	SIREEIADDRESS	DeWayne Holmdahl		. Officeholder or Candidate Information	. Statement Covers Calendar Year 20		Short Form	Officeholder and Candidate Campaign Statement -
016	st of my knowledge I anticipate tha tatement. I certify under penalty o		wledge that are primarily form		805 740 0017/grapetothe	NAL: FAX /		STATE ZIP CODE			acion	1.00	2016	11/08/2016	Date of election if applicable: (Month, Day, Year)	1.44.0
By New cy	at I will receive less than \$2 ,000 and that I of perjury under the laws of the State of Ca		ed to receive contributions or to make COMMITTEE ADDRESS		apetothe <del>d</del>	DDRESS	n	City of Lompoc	JURISDICTION (LOCATION)	City Council	3. Office Sought or			Cit	Amendment (Explain Below)	
SIGNATURE OF OFFICEHOLDER OR CANDIDATE	will spend less than \$2,000 durin alifornia that the foregoing is true ≀		e expenditures on behalf of yo					0	ON)		HT OR HELD			of Lompoc - City Clerk's Off	SEP 2 8 2016	Date Stamp
CANDIDATE	g the calendar year and that I have and correct.		of your candidacy.					(IF APPLICABLE)	DISTRICT NUMBER					C	FORM TO THE FORM For Official Use Only	CALIFORNIA 170

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FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Clear Form

Print Form

Officeholder and Candidate		Date Stamp - S	The second secon
Campaign Statement -	Amendment (Explain Below)	Constitution	CALIFORNIA 470
Form 470 Supplement		S. S. S. Sand	FORM
SEE INSTRUCTIONS ON REVERSE			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.	ived contributions totaling \$2,000 or more		

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NAME OF OFFICEHOLDER OR CANDIDATE	
DeWayne Holmdahl	
STREET ADDRESS	
*	
421 North Poppy Street	
CITY	STATE ZIP CODE
AREA CODE/DAVIME BLOWS NUMBER	CA 93436
TOTAL MONIDAY	OPTIONAL: FAX / E-MAIL ADDRESS
805 717 0835	805 740 0017/grapetotheglass@hotmail.com
2. Office Sought	
OFFICE SOUGHT	DISTRICT
City Council	(IF APPLICABLE)
DATE OF ELECTION (MONTH, DAY, YEAR)	
11/08/2016	
11/00/2010	

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

none

(MONTH, DAY, YEAR)

Clear Form

Print Form