

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
 11/08/2016

Amendment (Explain Below)

RECEIVED
 Date Stamp
SEP 28 2016

CALIFORNIA FORM 470
 For Official Use Only

City of Lompoc - City Clerk's Office

1. Statement Covers Calendar Year 20 2016.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 DeWayne Holmdahl

STREET ADDRESS
 421 North Poppy Street

CITY
 Lompoc

STATE
 CA

ZIP CODE
 93436

AREA CODE/DAYTIME PHONE NUMBER
 805 717 0835

OPTIONAL: FAX / E-MAIL ADDRESS
 805 740 0017/grapetothe@

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 City Council

JURISDICTION (LOCATION)
 City of Lompoc

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 09/28/2016 DATE

By DeWayne Holmdahl SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

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.

Amendment (Explain Below)

Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DeWayne Holmdahl

STREET ADDRESS

421 North Poppy Street

CITY

Lompoc

STATE

CA

ZIP CODE

93436

AREA CODE/DAYTIME PHONE NUMBER

805 717 0835

OPTIONAL: FAX / E-MAIL ADDRESS

805 740 0017/grapetotheglass@hotmail.com

2. Office Sought

OFFICE SOUGHT

City Council

DATE OF ELECTION (MONTH, DAY, YEAR)

11/08/2016

DISTRICT NUMBER
(IF APPLICABLE)

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

none

(MONTH, DAY, YEAR)

Clear Form

Print Form