

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

Date of election if applicable: (Month, Day, Year) _____ 11/8/16	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp

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JAN 04 2017

CITY OF ANTIOCH
CITY CLERK

CALIFORNIA FORM	470
For Official Use Only	
	ORIGINAL

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Arne Simonsen

STREET ADDRESS
813 Putnam Street

CITY STATE ZIP CODE
Antioch CA 94509

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(925) 779-7008 arne_simonsen@att.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Clerk

JURISDICTION (LOCATION) <u>City of Antioch</u>	DISTRICT NUMBER (IF APPLICABLE)
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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
n/a		
n/a		

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 1/4/17 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form