

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

Date of election if applicable:  
(Month, Day, Year)  
11-8-2016

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**RECEIVED**  
**JAN 4 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  
DONNA CONLEY  
STREET ADDRESS  
5026 TOYON WAY  
CITY STATE ZIP CODE  
ANTIOCH CA 94531  
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
925 754 3985

3. **Office Sought or Held**  
OFFICE SOUGHT OR HELD  
CITY TREASURER  
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
CITY OF ANTIOCH

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>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</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 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 Donna Conley SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Clear Form** **Print Form**