

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

Date of election if applicable:
(Month, Day, Year)
11-6-18

Amendment (Explain Below)

Date Stamp
RECEIVED
SEP 27 2018
Office of the
City Clerk

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 18

2. **Officeholder or Candidate Information**
NAME OF OFFICEHOLDER OR CANDIDATE
Autumn Salazar
STREET ADDRESS

CITY STATE ZIP CODE
Turlock CA 95380
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**
OFFICE SOUGHT OR HELD
City Council Member
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Turlock District 1

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>Autumn Salazar Campaign 2018</u>	<u>Turlock, CA</u>	<u>Autumn Salazar</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 Sept 27 2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE