

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp</p> <p>CITY OF SANTE BARBARA</p> <p>2016 AUG 17 PM 1:56</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KENNETH DEAN

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SANTA CLARITA CITY COUNCIL

JURISDICTION (LOCATION)
SANTA CLARITA

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

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 AUGUST 5, 2016
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

CITY OF SANTA MARTA
2016 AUG 11 AM 1:06
CITY CLERK'S OFFICE

**CALIFORNIA
FORM 470**

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.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KENNETH R DEAN

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)
NOV. 8, 2016

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

(MONTH, DAY, YEAR)

Clear Form

Print Form