

if over \$2,000

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470 SUPPLEMENT
For Official Use Only
FEB 27 24 AM 11:40
CITY OF MERCED

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.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Walter Smith

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAY TIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

City Council

DATE OF ELECTION (MONTH, DAY, YEAR)

11/5/24

DISTRICT NUMBER
(IF APPLICABLE)

District # 1

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

(MONTH, DAY, YEAR)