

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470 SUPPLEMENT

For Official Use Only

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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

Saur Lara Rodriguez

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

2. Office Sought

OFFICE SOUGHT

Merced city council District 3

DISTRICT NUMBER
(IF APPLICABLE)

District 3

DATE OF ELECTION (MONTH, DAY, YEAR)

November 5th, 2024

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

10/17/24

(MONTH, DAY, YEAR)