Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)

FORM 470
For Official Use Only
RECEIVED
JUL 29 2025
CITY CLERK'S OFFICE
CITY OF GALT

1. **Statement Covers Calendar Year 20** 25 .

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Bonnie Rodriguez
STREET ADDRESS
[redacted]
CITY
Galt
STATE CA ZIP CODE 95632
AREA CODE/DAYTIME PHONE NUMBER
[redacted]
OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Galt City Council
JURISDICTION (LOCATION)
Galt
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 7/29/25
DATE

By [redacted]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE