Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
N/A		RECEIVED JUL 26 2023 JUL 26 2023	For Official Use Only

CITY CLERK'S OFFICE
CITY OF GALT

1. **Statement Covers Calendar Year 20** 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jay Vandenburg

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
Galt | CA | 95632

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council Member

JURISDICTION (LOCATION)
City of 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 [redacted] ect.

Executed on 7-26-23
DATE

By [redacted]
IDIDATE