

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

Date of election if applicable:
(Month, Day, Year)
11/5/19

Amendment (Explain Below)

Date Stamp
City of San Clemente
JUL 18 2019
City Clerk Department

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Dee Coleman
STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
San Clemente CA 92672
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Clemente City Council
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
San Clemente CA

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 7/18/19
DATE

By [REDACTED]

Clear Form

Print Form