

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

City of San Clemente
Date Stamp

CALIFORNIA
FORM **470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

SEP 27 2022

City Clerk Department

Nov 8/2022

1. Statement Covers Calendar Year 20 2022

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Martina McBurney-Wheeler

STREET ADDRESS

CITY

STATE

ZIP CODE

San Clemente

CA

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

San Clemente

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

9/27/2022

DATE

By

DATE