

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

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

November 5, 2024

Amendment (Explain Below)

Date Stamp
City of San Clemente

SEP 26 2024

City Clerk Department

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 2024 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Lois McNicoll

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
[REDACTED]

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
San Clemente City Council

JURISDICTION (LOCATION)
City of San Clemente

DISTRICT NUMBER (IF APPLICABLE)
3

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 September 26, 2024
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE