

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

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

November 5, 2024

Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
City of San Clemente OCT 24 2024 City Clerk Department	
For Official Use Only	

1. Statement Covers Calendar Year 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
City council member

JURISDICTION (LOCATION)
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

Executed on October 24, 2024 DATE

By [REDACTED]