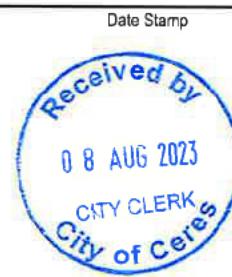


Officeholder and Candidate
Campaign Statement
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

Amendment (Explain Below)
Received contribution
over \$2,000



CALIFORNIA FORM **470**
SUPPLEMENT

For Official Use Only

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lopez Mayor 2024

STREET ADDRESS

[REDACTED]

CA

STATE

95307

ZIP CODE

CITY

Ceres CA

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

City of Ceres mayor office

DATE OF ELECTION (MONTH, DAY, YEAR)

DISTRICT NUMBER
(IF APPLICABLE)

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

01/2023
(MONTH, DAY, YEAR)