

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☒ Amendment (Explain Below)

Received contribution
over \$2,000

Date Stamp



CALIFORNIA
FORM

470
SUPPLEMENT

For Official Use Only

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.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lopez Mayor 2024

STREET ADDRESS

CITY

CA

STATE

95307

ZIP CODE

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 Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

8/1/2023

(MONTH, DAY, YEAR)