

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

Date of election if applicable:
(Month, Day, Year)
11/6/18

Amendment (Explain Below)

Date Stamp
2018 AUG -9 PM 4:15
MERCED COUNTY
REGISTRAR OF VOTERS

CALIFORNIA FORM 470
For Official Use Only
CITY OF MERCED
AUG21'18PM2:03

1. Statement Covers Calendar Year 20 18

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Monica K. Villa
STREET ADDRESS
[REDACTED]
CITY STATE ZIP CODE
[REDACTED]
AREA CODE/DAY TIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mayor
JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Merced

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
<u>N/A</u>		
<u>N/A</u>		

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 Aug 2018
DATE

By [REDACTED]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**