

Officeholder and Candidate Campaign Statement - Short Form

CALIFORNIA FORM 470
For Official Use Only

Date Stamp
City of Oroville
JUL 25 2018
Administration

Date of election if applicable: (Month, Day, Year)
11-06-2018

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Karolyn J Fairbanks

STREET ADDRESS
2565 Oro Quincy Hwy.

CITY
Oroville

STATE
CA

ZIP CODE
95966

AREA CODE/DAYTIME PHONE NUMBER
530-533-8303

OPTIONAL - FAX/E-MAIL ADDRESS
kfairbanks@cityoforoville.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Treasurer

JURISDICTION (LOCATION)
City of Oroville

DISTRICT NUMBER (IF APPLICABLE)

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 July 24, 2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE