

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="font-size: 1.2em; text-align: center;">NOV 8 2016</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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<p>Date Stamp</p>	<p>CALIFORNIA FORM 470 <small>For Official Use Only</small> CITY OF PASO ROBLES OFFICE OCT 20 2016 CITY OF PASO ROBLES</p>
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1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KEVIN P. O'NEILL

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
PASO ROBLES CA 93446

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

<p>JURISDICTION (LOCATION) <u>CITY OF PASO ROBLES</u></p>	<p>DISTRICT NUMBER (IF APPLICABLE)</p>
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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
N/A		

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 10-20-2016 DATE

By [REDACTED] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form