Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

Date Stamp: CITY OF FOSTER CITY EMID 14 JAN 29 PM 3:18 RECEIVED

Date of election if applicable: (Month, Day, Year) _____

☐ Amendment (Explain Below) _____

1. Statement Covers Calendar Year 20 13 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Steve Okamoto

STREET ADDRESS: 630 Leo Drive

CITY: `Foster City | STATE: CA | ZIP CODE: 94404

AREA CODE/DAYTIME PHONE NUMBER: 650-468-8184

OPTIONAL: FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Foster City Councilmember

JURISDICTION (LOCATION): Foster City, CA

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
None		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 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 January 30, 2014 (DATE)

By Steve Okamoto (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)