

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

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

November 8, 2011

Amendment (Explain Below)

Date Stamp
CITY OF FOSTER CITY/ EMID
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CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 14

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Steve Okamoto

STREET ADDRESS
630 Leo Drive

CITY STATE ZIP CODE
Foster City CA 94404

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
650-468-8184

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Foster City Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Foster City, CA

4. Committee Information

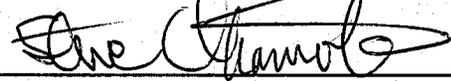
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 07/16/2014
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form