

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

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

November 4, 2014

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

**RECEIVED**  
Date Stamp  
OCT 3 2014  
Office of the  
City Clerk

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 14.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Sergio a. Alvarado

STREET ADDRESS  
1100 Pedras Rd. #C115

CITY STATE ZIP CODE  
Turlock CA 95382

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
209-596-6062 turlocksergio@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
City of Turlock, California

**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		
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 \$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 October 3, 2014  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form