

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

Date Stamp

**CALIFORNIA
FORM 470**

For Official Use Only

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

11-08-22

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DEAN DAVID UELKER

STREET ADDRESS

649 CALIFORNIA ST.

CITY

RIPON

STATE

CA.

ZIP CODE

95366

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

RIPON

DISTRICT NUMBER
(IF APPLICABLE)

NA

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

07-28-22

DATE

By

Dean D. Uelker

SIGNATURE OF OFFICEHOLDER OR CANDIDATE