

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input checked="" type="checkbox"/> Amendment (Explain Below) <u>Expenditures</u> <u>over \$2000</u>	Date Stamp RECEIVED OCT 06 2016 CITY OF RIPON	CALIFORNIA FORM 470 For Official Use Only
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This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mark A. Winickell

STREET ADDRESS
369 N. Manley Rd. Ripon, Ca. 95366

CITY STATE ZIP CODE
209-604-5912

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

2. Office Sought

OFFICE SOUGHT
City Council

DATE OF ELECTION (MONTH, DAY, YEAR)
11/8/2016

DISTRICT NUMBER (IF APPLICABLE)
Ripon, Ca.

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/4/16
(MONTH, DAY, YEAR)

Clear Form

Print Form

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

Date of election if applicable:
(Month, Day, Year)
11/8/16

Amendment (Explain Below)

RECEIVED
Date Stamp
SEP 29 2016
CITY OF RIPON

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Winchell
STREET ADDRESS
369 N. Manley Rd Ripon, Ca 95366
CITY STATE ZIP CODE
209-604-5912
AREA CODE/DAYTIME PHONE NUMBER
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Ripon City Council
JURISDICTION (LOCATION)
City of Ripon
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
<u>Friends to Elect Mark Winchell Pending I.D. #</u>	<u>369 N. Manley Rd. Ripon, Ca 95366</u>	<u>Darlene Winchell</u>

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 9/27/16
DATE

By Mark A. Winchell
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form