

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 03, 2020

Amendment (Explain in Below)

Received by
- 2 OCT 2020
CITY CLERK
City of Ceres

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 20

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
SOPHIEAP DONG-CARRION

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
CERES CA 95307

AREA CODE DAYTIME PHONE NUMBER
209-247-8537

OPTIONAL: FAX / E-MAIL ADDRESS
DongCarrion-for-Treasurer@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY TREASURER

JURISDICTION (LOCATION)
CITY OF CERES

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 ID 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 \$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 09 29 2020 9/29/2020
DATE

By [REDACTED]