

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

Date of election if applicable: (Month, Day, Year) <u>11/8/16</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp 2016 SEP 29 PM 4:49	CALIFORNIA FORM 470 For Official Use Only
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CITY MANAGER &
CITY CLERK OFFICES

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

TIM O'NEAL

[REDACTED ADDRESS]

CITY IMPERIAL BEACH, CA STATE CA ZIP CODE 91932

AREA CODE / PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

MEMBER OF CITY COUNCIL

JURISDICTION (LOCATION)

IMPERIAL BEACH

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

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 used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State and that I have

Executed on 9-29-16
DATE

By [REDACTED SIGNATURE]
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form