

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

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">11/08/2016</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p style="font-size: 2em; border: 2px solid blue; padding: 5px;">RECEIVED</p> <p style="color: red; font-size: 1.5em;">SEP 28 2016</p> <p style="border: 1px solid blue; padding: 2px;">CITY OF RIPON</p>	<p><b>CALIFORNIA</b></p> <p><b>FORM 470</b></p> <p style="font-size: 0.8em;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 16 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Daniel deGraaf

STREET ADDRESS

950 Cooper Court

CITY STATE ZIP CODE

Ripon Ca 95366

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

(209) 614-2745

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Ripon City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Ripon Ca

**4. Committee Information**

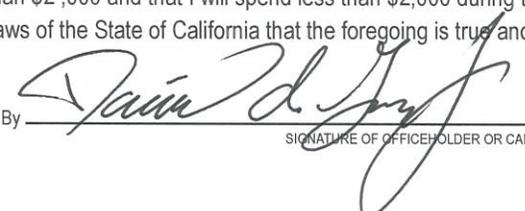
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 9/27/2016 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)