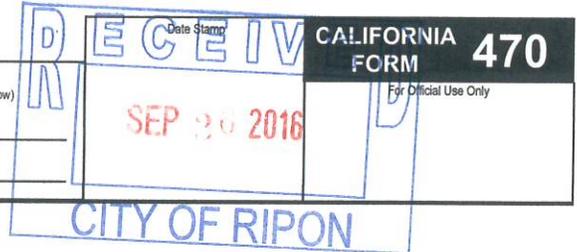


**Officeholder and Candidate
Campaign Statement -
Short Form**



Date of election if applicable:
(Month, Day, Year)
11-08-2016

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mario Gonzales
STREET ADDRESS
1275 N. Acacia Ave
CITY Ripon STATE CA ZIP CODE 95366
AREA CODE/DAYTIME PHONE NUMBER 209 247-6999
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council Member
JURISDICTION (LOCATION) 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>N/A</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 9/24/16 DATE

By Mario Gonzales SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form