

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

Date of election if applicable:
(Month, Day, Year)
11/8/2022

Amendment (Explain Below)

Date Stamp
RECEIVED
JUL 27 2022
CITY CLERK

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. **Officeholder or Candidate Information**
NAME OF OFFICEHOLDER OR CANDIDATE
ARINJO, PAUL

STATE ZIP CODE
LATHROP CA 95330

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

3. **Office Sought or Held**
OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER
LATHROP P (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 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 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 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 I have used all reasonable diligence in preparing this statement.

Executed on 7/27/22 DATE By _____

