

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp	CALIFORNIA FORM 470 SUPPLEMENT For Official Use Only
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1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jonathan Welner

STREET ADDRESS

CITY

Tiburon

STATE

CA

ZIP CODE

94920

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

Tiburon Town Council

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

November 8, 2022

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

10/14/22

(MONTH, DAY, YEAR)