

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

Date of election if applicable: (Month, Day, Year)  	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <small>Date Stamp</small>                      JUL 15 2015                 </div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">                         CALIFORNIA FORM 470                     </div> For Official Use Only
		CITY CLERK'S OFFICE CITY OF SUNNYVALE	

1. Statement Covers Calendar Year 20 15.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Pat Meyering

STREET ADDRESS

CITY

Sunnyvale

STATE

CA

ZIP CODE

94086

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

city council

JURISDICTION (LOCATION)

Sunnyvale

DISTRICT NUMBER  
(IF APPLICABLE)

seat 5

**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 \$1,000 and that I will spend less than \$1,000 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 July 13, 2015  
DATE

By *Pat Meyering*  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form