

Officeholder and Candidate
Campaign Statement –
Short Form

RECEIVED

Date of election if applicable:
(Month, Day, Year)
11-8-22

☐ Amendment (Explain Below)

Date Stamp
AUG 05 2022
City Clerk's Office
City of Hughson

CALIFORNIA
FORM **470**
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Alan F. McFadon

STREET ADDRESS

CITY

STATE

ZIP CODE

Hughson

CA

95326

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

209-202-5632

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Hughson City Council

JURISDICTION (LOCATION)

Hughson CA

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
N/A		

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 July 27 2022

DATE

By 

SIGNATURE OF OFFICEHOLDER OR CANDIDATE