

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) November 8, 2022	<input type="checkbox"/> Amendment (Explain Below) 	RECEIVED AUG 01 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

Julie Ann Strain

STREET ADDRESS

CITY

Hughson

AREA CODE/DAYTIME PHONE NUMBER

209-883-2135

STATE

Ca

ZIP CODE

95326

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

City Of Hughson

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	N/A	N/A
N/A	N/A	N/A

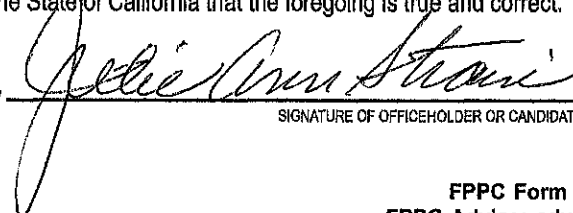
5. Verification

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