

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
RECEIVED
JUL 28 2021
By _____

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gabriel Paulson

STREET ADDRESS

[REDACTED]

CITY

Larkspur

STATE

CA

ZIP CODE

94939

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

gpaulson@CityOfLarkspur.ca

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Councilmember

JURISDICTION (LOCATION)

Larkspur

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
none		
none		

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 7/23/2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE