

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM **470**

For Official Use Only

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

11/6/12

Amendment (Explain Below)

Date Stamp
CITY OF SAN LEANDRO
OCT 10 2012
CITY CLERK'S OFFICE

1. Statement Covers Calendar Year 20 ____ .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

JUSTIN R. HUTCHISON

STREET ADDRESS

15208 OSATTA ST SAN LEANDRO CA 94579

CITY

STATE

ZIP CODE

510-351-8345

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

SAN LEANDRO

DISTRICT NUMBER
(IF APPLICABLE)

4

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

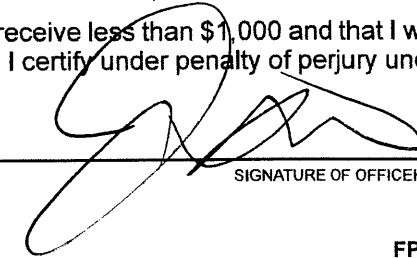
COMMITTEE ADDRESS

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 10/10/12 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE