

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED Date Stamp SEP 26 2017 CITY CLERK'S OFFICE	CALIFORNIA FORM 470
	For Official Use Only

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

NOV. 7, 2017

☐ **Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STEPHEN DUNCAN

STREET ADDRESS

[REDACTED]

CITY

BURLINGAME

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

STATE

CA

ZIP CODE

94010

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BURLINGAME CITY COUNCIL

JURISDICTION (LOCATION)

BURLINGAME, 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

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 SEPTEMBER 26, 2017
DATE

By [REDACTED]