

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

<input checked="" type="checkbox"/> Amendment (Explain Below) <u>EXPENDITURES OF \$1,000. OR MORE. BURLINGAME CITY COUNCIL, 11/7/17.</u>	Date Stamp RECEIVED OCT 12 2017	CALIFORNIA FORM 470 SUPPLEMENT For Official Use Only
	[REDACTED]	

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STEPHEN DUNCAN

STREET ADDRESS

CITY

STATE

ZIP CODE

BURLINGAME

CA

94010

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

BURLINGAME CITY COUNCIL

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

NOV. 7, 2017

3. Date Contributions Totalling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

OCTOBER 12, 2017

(MONTH, DAY, YEAR)