

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

Date of election if applicable:  
(Month, Day, Year)  
  
November 8th, 2016

Amendment (Explain Below)

RECEIVED

Date Stamp

SEP 23 2016

Office of the  
City Clerk

CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 16

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Donald Babadalir

STREET ADDRESS

CITY

Turlock

STATE

CA

ZIP CODE

95382

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

donaldbabadalir@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Member, Turlock City Council - District 4

JURISDICTION (LOCATION)

Turlock

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 \$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 09/23/2016  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form