

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

Date of election if applicable:
(Month, Day, Year)
11/3/20

Amendment (Explain Below)

RECEIVED CITY CLERK 20 SEP -8 AM 11:13 CITY OF COSTA MESA BY: <u>BO</u>	CALIFORNIA FORM 470
	For Official Use Only

1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
GARY PARKIN

STREET ADDRESS
1200 DORSET LN

CITY STATE ZIP CODE
COSTA MESA CA 92626

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
714 5952612

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF COSTA MESA 2

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 9/8 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE