

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

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED OFFICE OF THE CITY CLERK 2018 JUL 30 PM 5:11 SANTA MONICA, CALIF.	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Ted Winterer STREET ADDRESS _____ CITY STATE ZIP CODE Santa Monica CA 90401 AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS 310-458-8201 ted.winterer@smgov.net	3. Office Sought or Held OFFICE SOUGHT OR HELD Councilmember JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) SANTA MONICA
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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
N/A		

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 7/30/2018 DATE

By Ted Winterer SIGNATURE OF OFFICEHOLDER OR CANDIDATE