

**Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

**Amendment** (Explain Below)

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Date Stamp  
OFFICE OF THE  
CITY CLERK  
2018 NOV -2 PM 2:17  
SANTA MONICA, CALIF.

**CALIFORNIA  
FORM 470**  
For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Geoffrey A Neri

STREET ADDRESS

CITY STATE ZIP CODE  
Santa Monica CA 90405

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  
(310) 310-0261

**2. Office Sought**

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)  
Santa Monica City Councilmember

DATE OF ELECTION (MONTH, DAY, YEAR)  
11/06/2018

**3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

10/31/18  
(MONTH, DAY, YEAR)

Clear Form

Print Form