

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

RECEIVED

Date Stamp

JUL 30 2019

**CALIFORNIA
FORM 470**

For Official Use Only

TOWN OF WINDSOR

Date of election if applicable:
(Month, Day, Year)

11/8/10

Amendment (Explain Below)

1. Statement Covers Calendar Year 20

19.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Deborah Fudge

STREET ADDRESS

[REDACTED]

CITY

Windsor

STATE

CA

ZIP CODE

95442

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Windsor Town Council

JURISDICTION (LOCATION)

Sanoma County

DISTRICT NUMBER
(IF APPLICABLE)

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

Committee to Reelect
Deborah Fudge Windsor Town Council 2016

[REDACTED]

WINDSOR CA 95442

Fran Tendi

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

7.30.19

DATE

By

[REDACTED]

TE

Clear Form

Print Form