

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED CITY CLERK'S OFFICE 2017 JUL 31 AM 11:18 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 17

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Juana L. Dement

STREET ADDRESS
71 Club House Way

CITY STATE ZIP CODE
Tracy CA 95376

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
2099140635

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Tracy City Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Tracy

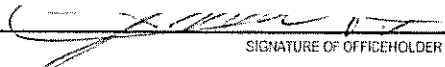
4. Committee Information
 List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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:

Executed on 07/28/2017 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Clear Form](#) [Print Form](#)