

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

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

November 8, 2016

☐ Amendment (Explain Below)



**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 16.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Stephen G. Scalmanini

STREET ADDRESS

907 N Oak St

CITY

Ukiah

STATE

CA

ZIP CODE

95482

AREA CODE/DAYTIME PHONE NUMBER

(707) 391-5853

OPTIONAL FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

City of Ukiah

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

Scalmanini for City Coucil 2016  
1389066

COMMITTEE ADDRESS

907 N Oak St  
Ukiah, CA 95482

NAME OF TREASURER

Antonina Esposito

**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

September 23, 2016

DATE

By

*Stephen G. Scalmanini*

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

November 8, 2016

☐ Amendment (Explain Below)



CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 16

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Stephen G. Scalmanini

STREET ADDRESS

907 N Oak St

CITY

Ukiah

STATE

CA

ZIP CODE

95482

AREA CODE/DAYTIME PHONE NUMBER

(707) 391-5853

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

City of Ukiah

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 ID NUMBER               | COMMITTEE ADDRESS               | NAME OF TREASURER |
|--|---------------------------------|-------------------|
| Scalmanini for City Coucil 2016<br>1389066 | 907 N Oak St<br>Ukiah, CA 95482 | Antonina Esposito |
|  |                                 |                   |

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 September 23, 2016  
DATE

By Stephen G. Scalmanini  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE